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Σημείωμα σύνταξης

Είναι οι άνθρωποι

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He aha te mea nui o te ao
He tangata, he tangata, he tangata

Ποιο είναι το σημαντικότερο πράγμα στον κόσμο;
Είναι οι άνθρωποι, είναι οι άνθρωποι, είναι οι
άνθρωποι.

Αυτή η παροιμία των Μαορί (Māori) θα αντηχεί στον κόσμο με τους μουσικοθεραπευτές που αφιερώνουν τη ζωή τους δουλεύοντας με ανθρώπους εντός και μέσω της μουσικής. Αυτό το τεύχος του *Approaches* δίνει έμφαση στις εξαιρετικές προσφορές ανθρώπων, και ειδικότερα πρωτοπόρων μουσικοθεραπευτών, που έχουν συνδράμει σημαντικά στην επέκταση του επιστημονικού πεδίου και της επαγγελματικής μας κοινότητας διεθνώς.

Δυστυχώς αυτό το τεύχος εμπεριέχει αφιερώματα στις Jean Eisler, Carolyn Kenny και Chava Sekeles οι οποίες απεβίωσαν κατά τη διάρκεια των τελευταίων δύο ετών με μικρό διάστημα μεταξύ τους. Αυτά τα αφιερώματα γιορτάζουν τις επιτυχίες αυτών των τριών πρωτοπόρων, το έργο των οποίων είχε σημαντική επίδραση στις ζωές διαφόρων ατόμων, αλλά και στις ζωές κοινοτήτων σε εθνικό και διεθνές επίπεδο.¹ Πρόκειται για μουσικά χαρισματικές γυναίκες που επέδειξαν ιδιαίτερη ομορφιά, σθένος και κουράγιο στις πολυδιάστατες ζωές τους ως καλλιτέχνιδες, επαγγελματίες, δασκάλες, μέντορες, συνεργάτιδες, ακαδημαϊκοί, συγγραφείς και παρουσιάστριες. Καθεμιά τους έπαιξε ζωτικό ρόλο στην εγκαθίδρυση και ανάπτυξη του επαγγέλματος

της μουσικοθεραπείας. Οι ιστορίες τους καθρεφτίζουν τις πολλαπλές και ποικίλες δεξιότητες που οι μουσικοθεραπευτές προσδίδουν και εξελίσσουν κατά τις μουσικοθεραπευτικές τους προσπάθειες, και καταδεικνύουν τη σημασία των θετικών σχέσεων και της ανάπτυξης ενός κλίματος συνεργασίας για την επίτευξη του σκοπού τους. Καθ' όλη τη διάρκεια της ζωής τους, καθεμιά από αυτές τις γυναίκες ασχολήθηκε με μια σειρά από διαφορετικές, και συχνά εθελοντικές, εργασίες προκειμένου να συστήσει τη μουσικοθεραπεία σε ανθρώπους που την είχαν ανάγκη.

Τα επιτεύγματα αυτών των εκπληκτικών γυναικών μαρτυρούν το γεγονός ότι η ζωή μέσα από τις αντιξοότητες της μπορεί να ενισχύσει την κατανόηση της μουσικής ως ισχυρού και εμπυχωτικού μέσου για τους ανθρώπους και τις κοινότητες που χρειάζονται υποστήριξη. Στις ιστορίες τους αντηχεί ακόμη μια άλλη οικεία αφήγηση: ότι η ανακάλυψη της μουσικοθεραπείας, ως δεύτερη ή τρίτη επαγγελματική σταδιοδρομία στη ζωή ενός ανθρώπου, μπορεί να οδηγήσει σε παθιασμένη αφοσίωση στο επάγγελμα. Ο συνδυασμός της αγάπης για τη μουσική δημιουργία με μια εγκαθιδρυμένη καριέρα σε ένα διαφορετικό πεδίο ήταν –και πιθανώς εξακολουθεί να είναι– μια συνηθισμένη πορεία που ακολουθεί κανείς για να γίνει μουσικοθεραπευτής. Αυτό μπορεί να προσφέρει σημαντικό προτέρημα σε ένα τόσο πολυδιάστατο επάγγελμα, το οποίο δεν αφορά μόνο τη μουσική αλληλεπίδραση με τους ανθρώπους αλλά και το γνωστικό και συγγραφικό έργο, την έρευνα, και το μίρασμα της γνώσης μέσω της διδασκαλίας, των παρουσιάσεων και των δημοσιεύσεων, καθώς και του πολιτικού ακτιβισμού.

¹ Το περιοδικό ανοικτής πρόσβασης *Voices* δημοσίευσε πρόσφατα ένα ειδικό τεύχος αφιερωμένο στο έργο της Carolyn Kenny (McFerran & Stige, 2018).

Στο βιβλίο του *The Study of Music Therapy: Current Issues and Concepts*, το οποίο αναθεωρείται στο παρόν τεύχος από τον Colin Lee, ο Ken Aigen (2014) επισημαίνει τη σημασία της μάθησης από τις συνεισφορές των πρωτοπόρων στο πεδίο, καθώς αναζητά την ισορροπία και την αλληλεπίδραση μεταξύ μουσικής και θεραπείας, και καταγράφει την εξέλιξη και την εφαρμογή της θεωρίας στη μουσικοθεραπεία από τη σύλληψή της ως επιστημονικού χώρου στα μέσα της δεκαετίας του 1940. Ο Lee σημειώνει πως η μουσικοθεραπεία έχει εισέλθει σε μια περίοδο τεράστιας ανάπτυξης την τελευταία δεκαετία, με το επάγγελμα να διευρύνεται συνεχώς και να διαφοροποιείται καθώς αναδύονται νέα μοντέλα και θεωρίες. Το βιβλίο του Anthony Meadow (2011) για παράδειγμα, το οποίο επίσης αναθεωρείται σε αυτό το τεύχος από την Florencia Grasselli, εμπεριέχει μελέτες περιπτώσεων από 47 μουσικοθεραπευτές οι οποίοι αντλούν από πολλά διαφορετικά θεωρητικά πλαίσια και πολιτισμικά υπόβαθρα, με σκοπό την βασισμένη σε τεκμήρια εργασία τους με ανθρώπους με ποικίλες ανάγκες καθ' όλη τη διάρκεια της ζωής τους. Η διεύρυνση του πεδίου επισημαίνεται ακόμη από την επισκόπηση του Luke Applesley για το τρίτο συνέδριο του Βρετανικού Συλλόγου Μουσικοθεραπείας [British Association for Music Therapy, BAMT] «Μουσική, Διαφορετικότητα και Ολότητα» όπου παρουσιάστηκε ένα εύρος πρακτικών, ερευνητικών και θεωρητικών εργασιών.

Η αναγνώριση και το ενδιαφέρον μας για το έργο πρωτοπόρων του χώρου αντανακλάται και στο άρθρο των Wilhelm και Wilhelm. Εστιάζοντας στο έργο του Erwin Henry Schneider, οι συγγραφείς περιγράφουν την επίδραση του διδακτικού, συγγραφικού και ηγετικού του έργου τόσο στη μουσικοθεραπεία όσο και στη μουσική εκπαίδευση, με ιδιαίτερη αναφορά στην συνεισφορά του στην ίδρυση της Εθνικής Ένωσης για τη Μουσικοθεραπεία [National Association of Music Therapy, NAMT] στις ΗΠΑ. Στην ενότητα με τις βιβλιοκριτικές μπορούμε ακόμη να διαβάσουμε για το έργο του Ken Bruscia; ενός εξέχοντος θεωρητικού, ερευνητή και συγγραφέα ο οποίος έχει αφιερώσει 25 χρόνια στην εννοιολογική κατανόηση της μουσικοθεραπείας με έναν κριτικά ενταξιακό και προσβάσιμο τρόπο. Η τρίτη έκδοση του βιβλίου του, *Defining Music Therapy* (Bruscia, 2014), αναδύθηκε μέσα από τη συνεργασία με μια διεθνή ομάδα ειδικών, και το αποτέλεσμα είναι ένα ακόμη εξαιρετικό παράδειγμα ενός ατομικού και συλλογικού επιτεύγματος.

Ως συντάκτες του *Approaches* εκτιμούμε την προσπάθεια και τον χρόνο που αφιερώνουν οι

άνθρωποι στην πρακτική τους, στην επαγγελματική τους ανάπτυξη και στην έρευνα, αλλά και τη θέλησή τους να προχωρήσουν ένα βήμα παραπέρα με το να γράφουν για το έργο τους και να το μοιράζονται με άλλους. Καθώς το περιοδικό ολοκληρώνει το δέκατο τεύχος του και κοιτάει προς τη δεύτερη δεκαετία της ζωής του, η αρχική παροιμία των Μαορί δίνει πνοή στο μελλοντικό μας έργο.

He aha te mea nui o te ao
He tangata, he tangata, he tangata

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Editorial

It is the people

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He aha te mea nui o te ao
He tangata, he tangata, he tangata

What is the most important thing in the world?
It is the people, it is the people, it is the people.

This Māori proverb will resonate with music therapists throughout the world who dedicate their lives to working with people in and through music. This issue of *Approaches* has an emphasis on the exceptional offerings of people, and more particularly of music therapy pioneers, who have been significant contributors to the expansion of our discipline and professional community internationally.

Sadly this issue includes tributes to Jean Eisler, Carolyn Kenny, and Chava Sekeles who died during the past two years in close proximity to each other. These tributes celebrate the achievements of these three pioneers whose work has had an enormous impact on the lives of individuals, as well as on national and international communities.¹ These were musically gifted women, who exhibited extraordinary beauty, strength, and courage in their multi-faceted lives as artists, practitioners, teachers, mentors, collaborators, scholars, authors, and presenters. Each of them had a vital impact on the establishment and development of the music therapy profession. Their stories reflect the multiple and diverse skills music therapists bring to and develop during their music therapy endeavours, as well as demonstrating the primacy of building positive relationships and developing collaborations in order to get things

done. Throughout their lives each of them engaged in a variety of different, and often voluntary, tasks in order to bring music therapy to people who needed it.

The accomplishments of these extraordinary people are testament to the theme that living through adversity can strengthen one's understanding of music as a powerful and empowering resource for those in need and their communities. In these people's stories there are echoes of another familiar narrative: that the discovery of music therapy, often later in life and as a second or third career, can lead to passionate commitment to the profession. Combining love of music making with an already established career in a different field was – and perhaps still is – a typical route to becoming a music therapist. This can offer strong advantages in such a multi-faceted profession, which involves not only engaging and responding to people in music, but also thinking and writing, researching, and sharing through teaching, presentations and publications, as well as political activism.

In his book, *The Study of Music Therapy: Current Issues and Concepts*, reviewed in this edition by Colin Lee, Ken Aigen (2014) highlights the importance of learning from the contributions of pioneers in the field as he explores the balance and interface between music and therapy, and tracks the development and application of theory in music therapy since its inception as a discipline in the mid-1940s. Lee notes that music therapy has entered a period of immense growth in the last decade, with the profession becoming broader and more diverse

¹ The open access journal *Voices* recently published a special issue dedicated to the work of Carolyn Kenny (McFerran & Stige, 2018).

as new models and theories have emerged. Anthony Meadow's book (2011), for example, also reviewed in this edition by Florencia Grasselli, contains case studies from 47 music therapists who draw on many different theoretical frameworks and cultural backgrounds, to engage in research-based clinical work with people who have diverse needs, across the lifespan. The expansion of the field is also underscored in Luke Annesley's review of the third conference of the British Association for Music Therapy, *Music, Diversity and Wholeness*, where a range of practice, research and theory-led work was presented.

Our acknowledgement and engagement with the work of pioneers in the field is also reflected in Wilhelm and Wilhelm's article. Focusing on the work of Erwin Henry Schneider, the authors describe the impact of his teaching, writing and leadership in both music therapy and music education fields, noting especially his contribution to the establishment of the National Association of Music Therapy (NAMT) in the USA. In the book review section we can also read about the work of Ken Bruscia, an eminent theorist, researcher and author who has dedicated 25 years to conceptualising music therapy in a critically inclusive and integrated way. His third edition of *Defining Music Therapy* (Bruscia, 2014) emerged from collaboration with an international panel of experts, and the result is another outstanding example of individual and team achievement.

As editors of *Approaches*, we value highly the time and effort that people put into their practice, professional development and research, and their willingness to take that further by writing about their work and sharing it with others. As the journal completes its tenth volume and looks forward to the second decade of its life, the opening Māori proverb offers inspiration to our future work.

He aha te mea nui o te ao
He tangata, he tangata, he tangata

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Article

Erwin Henry Schneider: Teacher, writer, and leader

Kyle Wilhelm & Lindsey Wilhelm

ABSTRACT

The National Association of Music Therapy (NAMT) was formed by individuals whose contributions to the Association remain largely unknown. Dr Erwin H. Schneider (17 February 1920 to 28 September 1985) was one of those individuals. The purpose of this study was to trace the career of Dr Schneider as a music educator and music therapist, and explore his impact on NAMT and the profession of music therapy as committee member, editor of *Bulletin of the National Association for Music Therapy* and *Music Therapy: Book of Proceedings of the National Association for Music Therapy* and as president of NAMT from 1963-65. Biographical information was drawn from primary and secondary sources as well as interviews with individuals who knew Schneider. Data were assessed for credibility and accuracy, and organised both chronologically and topically. Finally, themes and major accomplishments of his life were identified. Findings show the impact that Schneider had on the fields of both music therapy and music education. As president, he steered NAMT away from potential bankruptcy and towards the creation of the *Journal of Music Therapy*. As a teacher, he educated hundreds of music therapists and music educators, many of whom would become educators themselves. By studying past pioneers of NAMT such as Schneider, music therapists can gain clarity as to how the Association and the field of music therapy became what it is today.

KEYWORDS

history, music therapy, music education

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The modern profession of music therapy emerged out of simultaneous advances in clinical work and education. Clinically, music was mostly used in hospitals during and immediately following World War II as part of leisure activities to improve morale (Boxberger 1963) and in the treatment of arm and

hand wounds (Functional Aspects 1945). The effect of these programmes was positive but their techniques were not systematically implemented or documented. If music therapy was to advance as a profession, it needed to be backed by scientific research (Boxberger 1963).

With a growing need for music therapists in Veterans' Affairs (V.A.) and psychiatric hospitals came a concurrent need for educational programmes to teach these therapists. Therefore, programmes educating musicians to use music therapeutically were increasing in number during the 1940s. The first music therapy programme emerged in 1944 at Michigan State College (now University), headed by Roy Underwood, and by 1949 at least six schools were offering undergraduate and graduate degrees in music therapy, including the University of Kansas, College of the Pacific, and Alverno College. However, no curriculum standards existed at that time to guide the training of music therapists in those programmes. This lack of curriculum standards for educators, lack of treatment standards for clinicians and lack of scientific documentation of clinical practices slowed the development of the profession and frustrated many of the educators who would later become pioneers of the field (Boxberger 1963).

At the annual Music Teachers National Association conference in 1947, Underwood stated that "quackery and charlatanism" (Boxberger 1963: 52) by individuals with insufficient training was prevalent. He emphasised the need for qualified practitioners; clarity in the dissemination of information about the field; a scientific exploration of the benefits of music; and a publication through which such explorations could be disseminated via a peer-reviewed process (Boxberger 1963). There was a necessity to differentiate music therapy from music offered by volunteers and music educators providing recreational music performances in hospitals (Functional Aspects 1945). The profession of music therapy required a unifying organisation that would set standards for education and training; support and protect the clinical music therapist; and encourage the development of a body of research based on scientific methods (Boxberger 1963).

On 2 June 1950, the National Association for Music Therapy (NAMT) was formed in New York City charged with unifying, supporting and providing a means for scientific research for the young profession (Solomon 1984). The history of this organisation, and the early pioneers who were integral to its formation and development, provide insight into how music therapy evolved. Although not one of the founders of the organisation, Erwin H. Schneider was involved with NAMT from its earliest years yet his contributions to the organisation remain largely unknown (Solomon 1984). This paper describes the life of Schneider,

focusing on his work as a music educator and, particularly, as a pioneer of music therapy.

As Schneider equated the strength of the profession of music therapy with that of NAMT (Schneider 1963b), he worked tirelessly to solidify the leadership and vision of the Association. His work helped transform NAMT from an organisation that was rife with inefficiencies and, in his view, on the path to bankruptcy (Schneider 1964b) into an efficiently functioning organisation (Schneider 1964a) that was able to exemplify the professional image of the field through the publication of the *Journal of Music Therapy*, as one example.

To gather data for this project, the author conducted exhaustive searches through internet databases and websites, including Ancestry library edition, Newspaperarchive.com, and the American Music Therapy Association (AMTA) website. Published resources were acquired including all works by and about Schneider, all editions of *Music Therapy: Book of Proceedings of the National Association for Music Therapy (Book of Proceedings)*, and historical dissertations by Ruth Boxberger and Alan Solomon. The author gathered all relevant information related to Schneider that was held at the AMTA archive at Colorado State University in Fort Collins, Colorado, including personal letters, memos and executive committee letters drafted by Schneider while he was president of NAMT. Finally, interviews were conducted with individuals who knew and worked with Schneider including his daughter Nila. The author examined the relevant information for credibility and accuracy, categorised it chronologically and identified the major accomplishments of Schneider's life.

The following research questions will be addressed in this paper:

- What details surround the life, education, and professional career of Schneider?
- How did Schneider become interested in music and music therapy?
- What contributions did Schneider make to NAMT and the profession of music therapy?

BIOGRAPHY

Schneider was born on 17 February 1920, to Erwin L. and Anna M. Schneider in St. Louis, Missouri. His mother and father raised him and his two younger sisters (N. Schneider, personal communication, 2 February 2015) during the Great Depression and war years of the 1930s and 1940s. Schneider's first passion was playing baseball as a youth but he developed a second passion in junior

high school when he began playing the violin. As a mail carrier, Schneider's father delivered mail to Fritz Kreisler, a world-famous violinist. Once Kreisler discovered that Schneider played the violin, Kreisler gave Schneider's father copies of his new records so that the young violinist could copy his technique. Schneider's love of music inspired him to take up the violin full-time, but it also forced him to give up baseball for fear of injury to his hands. He remained a St. Louis Cardinals' fan for the remainder of his life (N. Schneider, personal communication, 2 February 2015).

Schneider's father, a World War I veteran who suffered injuries during the war, lived most of his son's life in a Veterans' Affairs (VA) hospital in Kentucky. It was left to the young Schneider to take care of his mother and two younger sisters during the Great Depression. He walked up and down the train tracks near his home each evening after school collecting coal to keep the family furnace running. Even with such responsibilities, music continued to be important in Schneider's life. As a youth, he was a proficient violinist performing with various musical theatres and groups in and around St. Louis. These performances included the St. Louis Philharmonic Orchestra at the age of eighteen (Schneider, no date) as well as the country music duo Homer and Jethro (N. Schneider, personal communication, 2 February 2015).

In 1938, Schneider began pursuing his Bachelor's Degree in Music Education at Northwest Missouri State Teachers College in Maryville, Missouri (Schneider, no date), now Northwest Missouri State University, where he met his future wife, Jenila Adkins. He and Jenila, also a violinist, were both members of the college orchestra. They lived across the street from each other; Schneider in a fraternity house and Jenila in a women's residence home, and would walk home together after rehearsals (N. Schneider, personal communication, 2 February 2015).

While finishing his degree, Schneider worked as the music director at Skidmore High School, significantly increasing the size of the band during his first and only year at the school (Monthly Concerts 1941). On 28 November 1941, he and Jenila were married at her parents' home in Rosendale, Missouri (N. Schneider, personal communication, 2 February 2015). Schneider graduated with a music education degree in the spring of 1942 and became the band director at Maryville High School in the fall of that same year (Schneider, no date), while also serving in the Missouri National Guard during World War II. It was

during this time that Schneider's father died at the VA Hospital in Outwood, Kentucky, at the age of 55 (N. Schneider, personal communication, 2 February 2015)

Schneider remained the band director of Maryville High School until 1945 when he and Jenila moved to Lawrence, Kansas, so he could begin his master's degree at the University of Kansas (KU) ('Erwin Schneider, MHS' 1945). While at KU, his career and life shifted dramatically under the mentorship of E. Thayer Gaston.

Gaston was Schneider's advisor while he was completing his master's degree and doctorate in music education at KU. Gaston also served as faculty advisor of Phi Mu Alpha Sinfonia, a professional music fraternity of which Schneider was a member and a group that also included William Sears (N. Schneider, personal communication, 2 February 2015), a future president of NAMT (Solomon 1984). In addition, Schneider played violin in the KU Symphony Orchestra in 1946 and 1947 (Schneider, no date) with Sears, Wayne Ruppenthal, and Melvin Zack. These men were in the first graduating class of music therapists at KU (N. Schneider, personal communication, 2 February 2015) and would all become important leaders of the Association in the years to come. Gaston's influence on Schneider remained strong throughout his life, and he modelled his teaching style upon Gaston's (Solomon 1984).

Upon completion of his master's degree, Schneider taught one year at Western State College (now Western State Colorado University) in Gunnison, Colorado. He then secured a job teaching music education at the University of Tennessee (UT) in Knoxville in the fall of 1949 (Schneider, no date), while continuing to work on his doctorate in music education at KU.

While at UT, Schneider was involved with the advancement of both music education and music therapy. Schneider was a member of the Tennessee Music Education Association (TMEA), an organisation formed for promoting and improving music education in the state. He served as editor in 1950-1951 of *The Tennessee Musician* newsletter for TMEA and as a state education consultant while a member of the Music Advisory Committee (Hinton, no date). In addition, he became the head of the Department of Music in 1953 (Schneider, no date).

Even though Schneider was teaching music education, his interest in music therapy continued to be strong. He promoted music therapy within the music education department and spoke to music

education clubs about the discipline (Howe 1959). In addition, his service with NAMT at the national and regional levels began during this time. At the national level, he was a member of NAMT from the year of its founding (1950) until his death and served on several committees including the Public Relations Committee (1952-53), Membership Committee (1953-54), Auditing Committee (1955-59), and Nominating Committee (1956-57). In 1954, Schneider began serving as the assistant editor of the *Bulletin of the National Association for Music Therapy (Bulletin)*. He continued as editor of the *Bulletin* until 1958 and then served as editor of *Book of Proceedings* until 1963 (Schneider, no date). At the regional level, Schneider served as vice president of the newly formed Southeastern Regional Chapter of NAMT (1955-56) and as president of the organisation from 1956-1958 (Appendix: Officers 1957).

During 1956, two major changes occurred in Schneider's life: one professional and one personal. Professionally, he completed his PhD from the University of Kansas with a dissertation entitled '*Relationships between Musical Experiences and Certain Aspects of Cerebral Palsied Children's Performance on Selected Tasks*'. It looked at the effect of listening to both stimulative and sedative music on two fine-motor tasks and the behaviour of children with cerebral palsy. The information gleaned from this study was shared at multiple music therapy and music education conferences, including the 7th Annual NAMT Conference in Topeka (Schneider, no date). He did not attend the conference, however, because his daughter, Nila, was born one month before the conference (N. Schneider, personal communication, 2 February 2015). Gaston presented both papers (Gilliland 1957).

In 1961, Schneider left the University of Tennessee to teach music education at The Ohio State University (OSU) (Schneider, no date). There he continued to make contributions in both the music education and music therapy fields. Schneider published the book *Evaluation and Synthesis of Research Studies Related to Music Education* in 1965 with his colleague Henry Cady. Schneider and Cady compiled and collected over 700 theses, dissertations and articles related to music education published from 1930-1962 (Schneider & Cady 1965). In his review of the project, Roger Phelps highlighted the advantages of such a work, namely the increased ease of access to research (well before online searching) and the ability to more easily see gaps within the literature (Phelps 1967). In addition, Schneider

made his greatest contributions to the field of music therapy and NAMT during his time at OSU.

SCHNEIDER AS PRESIDENT OF NAMT (1963-1965)

While Schneider had served NAMT by working on various committees since 1952, his most significant contributions may have come during his two years as president when he played an integral role in the creation of the *Journal of Music Therapy*. He did this by improving efficiency at the NAMT Central Office and instituting fiscal policies that may have saved the Association from bankruptcy.

Alan Solomon stated that the *Journal of Music Therapy* "through its continuous quarterly publication would do more to establish credibility and respect for music therapy than perhaps any other single endeavor in which the Association would engage" (Solomon 1984: 234-235). Schneider recognised that the production of a comprehensive and robust research journal would improve the image and promote the growth of music therapy (Schneider 1968). This is why he and his colleagues worked so hard toward this goal.

Schneider's views on research developed from the influence of his mentor, Gaston. From the beginning of his time at KU, Gaston emphasised the importance of research for the music educator. In addition, he saw the potential for music therapy to ameliorate many of the ailments in modern society. Music therapy, however, lacked a systematic body of scientific research (Johnson 1981). Gaston and his students believed that a strong body of research was the foundation that music therapy needed to be respected and accepted by the American Medical Association and other healthcare professionals. These views on research would influence Schneider's teaching and research long after Gaston's death (Sears, personal communication, 4 February 2015).

At the first Executive Committee meeting in 1960, Schneider and Sears, editors respectively of the *Book of Proceedings* and *Bulletin*, proposed that the Association create a 'journal-type' publication in place of, or in addition to, the current publications (Schneider 1956). In his article '*Professional Literature: Creator of an Image*', first printed in the *Bulletin* in June 1962, Schneider implored the membership to not only increase the quantity of research material for publication, but also to improve the quality of this research for the purpose of creating a positive image for the Association and for the profession of music

therapy.

“Any professional organization, if it is to grow, develop, and be accepted by allied groups, is dependent on a growing body of literature which presents up-to-date information on basic concepts and techniques. Through such literature — a sharing of knowledges — the membership grows in professional competence, and truly reaches the status of a true professional group” (Schneider 1968: 3).

Schneider continued, “The communication of ideas through the printed word is a responsibility of *every member* of a professional group. We must assume this responsibility — we owe it to our profession!” (Schneider 1968: 4). Here, Schneider showed his desire for strengthening the Association, and therefore the field of music therapy, through the strength of its research.

In his first Executive Committee meeting as President of NAMT in October 1963, Schneider proposed that the *Book of Proceedings* and the *Bulletin* be combined into one professional journal. This proposal was subsequently approved by the Executive Committee and the membership. A few months later, however, Schneider recommended that the change not occur until 1964 because the Association lacked the material, staff, and efficiency to publish a quarterly journal, as well as the money necessary to make the change happen (Boxberger 1963). The Executive Committee ignored Schneider’s recommendation, and his next two years were dedicated to overcoming these obstacles.

A lack of efficiency in procedures at the Central Office included difficulties with the treasurer of the Association, Jack Griffin. Griffin, who had just become treasurer a few months before Schneider became President, inherited multiple unpaid bills and mismanaged funds from the previous treasurer. This mismanagement continued under Griffin, which alarmed Schneider so much that he paid NAMT expenses with his personal funds to ensure that bills were paid on time (Schneider 1963a). In December 1963, Griffin stepped down as treasurer and was replaced by Ruth Boxberger, nominated by Schneider (Solomon 1984).

Throughout 1964, Schneider, Boxberger and part-time secretary Ann Branden worked to create a more efficient and fiscally responsible organisation. Schneider had Branden write complete descriptions of procedures and practices for the Executive Committee Handbook, documenting proper organisational operation for future officers (Schneider 1964d). This led to a

streamlining of the officer duties, saving time and energy for those working for the Association (Schneider 1964e). The NAMT leadership was also able to attain a second-class, non-profit mailing permit for the Association, saving money on mailings (Schneider 1964c). Additionally, Schneider and Boxberger simplified procedures regarding the writing of cheques and recordkeeping, simplifying the work of the NAMT treasurer and secretary. Every effort was made to make the Central Office run as smoothly and efficiently as possible (Schneider 1964e).

The largest obstacle, however, was that the Association was spending more than it was taking in; nearly \$5,000 more during the 1963-1964 fiscal year (Schneider 1964b). Schneider stated that if the Association continued along the same path it would “be bankrupt within the year” (Schneider 1964b: 1). The overspending, combined with a decline in membership, indicated to Schneider that NAMT could barely stay solvent, let alone create a new journal. He proposed a number of solutions to help the Association return to firm financial footing, including the postponement of the publication of the music therapy journal until 1964 and the continued publication of the *Book of Proceedings* and the *Bulletin* (Boxberger 1963). In Schneider’s estimation, expenses had already been reduced to a bare minimum for a functioning organisation; therefore, he proposed an increase in membership dues that was later approved by the Executive Board, making it “possible for [NAMT] to operate ‘in the black’ each year, and with new members, to plan additional services and activities” (Schneider 1964c: 2). This allowed NAMT to operate within its income.

Schneider’s responsible fiscal policies paid off during 1965. Once all expenses were taken out, including those for the new *Journal of Music Therapy*, the Association had the largest surplus in its history (Solomon 1984). Because of the diligence and determination of Schneider and his peers, the journal, and indeed the entire organisation, were able to continue. In his final speech as NAMT president at the 16th Annual Conference in New York City, Schneider reported to the membership

“we can state without hesitation or reservation, that this has been a good year, that our house is in order, and that our Association is being run efficiently and economically” (Schneider 1964e: 106).

During this time, Schneider continued a close working relationship with Gaston. In June 1964, Schneider, Gaston and nine other music therapists met in Lawrence, Kansas, for a symposium on the status of research and clinical practices in music therapy. The participants, who were all influential in the field and in the workings of the Association, included past and future Presidents of NAMT and music therapy instructors from colleges and universities around the country. With Gaston as the project director and Schneider as the associate director¹, the group set out to ascertain the most important “principles and constructs” in music therapy and to identify experts in the field who could write on these points (Gaston & Schneider 1965: iii). These eleven and an additional 40 music therapists were invited by Gaston and Schneider to write papers on a variety of subjects, from philosophical to practical, from aesthetic to clinical. The resulting book, *An Analysis, Evaluation and Selection of Clinical Uses of Music in Therapy*, brought together research and clinical practice to give music therapists “an organized body of knowledge and a set of verifiable hypotheses [to] give direction to practice and research” (Schneider 1965: xv). The book eventually became *Music in Therapy*, a concise compilation of current clinical practices in music therapy and one of the first textbooks in the field.

THE UNIVERSITY OF IOWA AND FINAL YEARS

In 1969 Schneider left OSU for Iowa City, Iowa, to teach music education at The University of Iowa (UI) (Schneider, no date), with the intention of starting a music therapy programme. In 1970 Gaston, Schneider’s friend and mentor, died unexpectedly, devastating Schneider and leaving a large void in the profession (N. Schneider, personal communication, 2 February 2015). To help fill this void, Schneider took over Gaston’s duties as NAMT liaison to the American Medical Association (Solomon 1984).

While at UI, Schneider continued to promote music education in the community (Music Workshops 1973) and became the head of the music education department in 1972. He served as

President of the Iowa Music Educators Association from 1980-1981 (Schneider, no date). He also produced several public service announcements that promoted music in the schools during a time when music programmes were in danger of elimination. These announcements played on television stations throughout the state for about two years after production (N. Schneider, personal communication, 2 February 2015).

In 1976, he began the music therapy programme at UI (‘Clutier Coed’ 1976) and taught music therapy and music education courses. Schneider was regarded as one of the toughest professors at the university (N. Schneider, personal communication, 2 February 2015). He enjoyed teaching and mentoring his students at the undergraduate and graduate levels and believed that everything his students did reflected on him. He impressed on his students, who were future educators, the importance of respect. He told them, “now remember when you teach, it’s not about them liking you – always remember they need to respect you” (N. Schneider, personal communication, 2 February 2015).

He recognised, however, that his biggest weakness when teaching music therapy students was his lack of clinical experience. In 1978, Schneider brought on John Bixler, a clinician with years of experience as a music therapist at the University of Iowa Hospital School, to teach the clinical side of music therapy while he taught the research side (Bixler, personal communication, 22 January 2015).

Ten years prior to retirement, Schneider was diagnosed with congestive heart failure and emphysema. Through those years, he taught several classes of aspiring music educators and music therapists until he was no longer able to do so. His memory was failing and it was discovered later that he had been having transient ischemic attacks, or ‘mini strokes’. His declining health coincided with a family emergency requiring Jenila to move to Missouri. Schneider and Nila followed Jenila once he retired in 1983 (N. Schneider, personal communication, 2 February 2015). Erwin Schneider died on 28 September 1985, at the age of 65 in St. Joseph, Missouri, only 40 miles from where he and Jenila met many years earlier while attending Northwest Missouri State Teachers College. Schneider was posthumously awarded the Honorary Life Award by NAMT at the national conference in the fall of 1997 (Reuer, personal communication, 29 January 2015).

¹ B. Reuer, personal communication. “He would show me the Gaston book (*Music in Therapy*), and he would say ‘You see this book? Well I put that together. Do you know what the role of the assistant editor is? They write the book.’ And so he did all the editing. He was quite the editor, he was quite the writer”.

SUMMARY AND CONCLUSION

At the NAMT conference in 1966, Schneider's successor as President, Leo Muscatevc, paid tribute to Schneider saying that the

"[...] good economic management by my predecessor, Erwin Schneider, and his Executive Committee, has made it possible for me to be at this meeting, [and] to visit every regional chapter at least once this coming year" (Muscatevc 1966: 145).

But even more so, Schneider helped transform NAMT both outwardly and inwardly. Within the Association, he increased efficiency, increased income, and saved the Association money so that it could continue to be solvent. Without these changes the Association may not have been able to project the strong public image that Schneider believed was necessary for its growth or to accomplish "the single most important activity in which [NAMT] had engaged since the founding of the Association" (Solomon 1984: 160), the publication of the first professional journal in music therapy.

Modelling himself upon his friend and mentor, E. Thayer Gaston, Schneider was a person who strove for excellence in music education and music therapy as a teacher, writer, and leader. As a teacher, he sought and attained the respect of his many music therapy and music education students. As a writer, he published and edited several articles, journals and books on music education and music therapy. And as a leader, he helped transform NAMT into an organisation that would project the kind of professional image needed for the growth of the profession. Erwin Schneider did this in a career that spanned just over 30 years and that now serves as an inspiration to current and future music therapists and music educators.

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Article

A descriptive analysis of research productivity in the *Journal of Music Therapy* as measured by authorship and affiliations: 2000-2015

Michael J. Silverman, Lacey Reimnitz & Jake Uban

ABSTRACT

To date, the authors are not aware of any researcher who has studied research productivity solely specific to the *Journal of Music Therapy*. Therefore, the purpose of this study was to determine research productivity within the *Journal of Music Therapy* by descriptively analysing the first authors and their respective institutional affiliations of refereed articles within the journal from 2000-2015. We hand-searched all refereed articles in the *Journal of Music Therapy* from 2000-2015 and created a database of first authors and their affiliations. From 2000-2015, 181 different first authors published articles in the *Journal of Music Therapy*. The most frequently publishing author had 15 articles (Silverman), while five authors published six articles (Cevasco, Gregory, Lim, VanWeeldon, and Walworth), and four authors published four articles (Gooding, Hilliard, Register, and Waldon). From 2000-2015, authors from 91 different universities or colleges and 26 non-university institutions published articles in the *Journal of Music Therapy*. Authors affiliated with Florida State University (42 articles), the University of Kansas (24 articles), and the University of Minnesota (13 articles) published the most articles. The long lists of contributing first authors and their respective affiliations highlight the selectivity and diversity of the *Journal of Music Therapy*. However, there are other ways – including citations and journal impact factors – to measure research eminence and the authors caution against generalisations. Suggestions for future research, limitations and implications are provided.

KEYWORDS

author, affiliation, Journal of Music Therapy, productivity, research

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INTRODUCTION

A vital aspect of any scholarly journal is the contributing authors and their institutional affiliations. Measuring research productivity within a specific journal can be a method for depicting status within the field and even helping prospective students make decisions on which institutions to attend. Although a number of investigators have studied research productivity of multiple top tier music-based journals (Brittin & Standley 1997; Grashel & Lowe 1995; Hamann & Lucas 1998; Schmidt & Zdzinski 199; Standley 1984), a study examining authors and affiliations solely specific to the *Journal of Therapy* has not been located by the present authors. Therefore, the purpose of this study was to determine research productivity within the *Journal of Music Therapy* by descriptively analysing the first authors and their respective institutional affiliations of refereed articles within the journal from 2000-2015. The research questions were as follows:

1. How many different first authors have published research articles in the *Journal of Music Therapy* from 2000-2015? Who were these authors and how many research articles did they publish?
2. How many different institutional affiliations have authors published research articles under in the *Journal of Music Therapy* from 2000-2015? What are these affiliations and how many articles were published under these affiliations?

METHOD

Article inclusion criteria

To determine if articles within the *Journal of Music Therapy* from 2000-2015 met inclusion criteria, we established specific guidelines. Articles were only included if they were refereed, including featured articles, in the *Journal of Music Therapy* from 2000-2015. As we were concerned with research productivity, we focused exclusively on refereed journal articles to highlight and lend credence to the vigorous peer review process of the *Journal of Music Therapy*. Journal articles could therefore include theoretical and position papers. However, to respect the peer review process and lend credence to scholarly articles, we excluded book reviews, invited articles and editorials.

Author criteria

To answer the first research question, we created a database of the first author listed of all articles that met inclusion criteria. In studies that were conducted by multiple authors, we only utilised the author listed first due to the intellectual responsibility of this person's contribution to the paper (Grashel 2007; LeBlanc & McCrary 1990; Silverman, Waldon & Kimura 2014). We recognise and acknowledge this decision and its ensuing implications as a limitation. We then summed the total number of articles by author.

Affiliation criteria

To answer the second research question, we created a database of the first author's institutional affiliations of all articles that met inclusion criteria. In the case of a first author having multiple affiliations, we only used the first affiliation. No attempt was made to verify the accuracy or change the affiliation cited in the journal. We then summed the total number of articles by affiliation.

RESULTS

A total of 291 research articles met inclusion criteria. From 2000-2015, 181 different first authors published articles in the *Journal of Music Therapy*. One author (Silverman) published 15 (5.15%) of all research articles while five authors published six articles (2.06% each; Cevasco, Gregory, Lim, VanWeeldon, and Walworth), four authors published four articles (1.37% each; Gooding, Hilliard, Register, and Waldon), 13 authors published three articles (1.03% each), 32 authors published two articles (0.69% each), and 126 authors published one article (0.34% each). Table 1 depicts the list of first authors.

From 2000-2015, authors from 91 different universities or colleges and 26 non-university institutions published articles in the *Journal of Music Therapy*. Authors from Florida State University published 42 articles (14.43%), while authors from the University of Kansas published 24 articles (8.25%), authors from the University of Minnesota published 13 articles (4.47%), authors from the University of Missouri – Kansas City published 10 articles (3.44%), authors from the University of Iowa and the University of the Pacific published eight articles (2.75% each), authors from Colorado State University published

First author	Articles
Silverman, M. J.	15
Cevasco, A. M.	6
Gregory, D.	6
Lim, H. A.	6
VanWeelden, K.	6
Walworth, D. D.	6
Gooding, L. F.	4
Hilliard, R. E.	4
Register, D.	4
Waldon, E. G.	4
Burns, D. S.	3
Colwell, C. M.	3
Darrow, A. A.	3
de l'Etoile, S. K.	3
Ghetti, C. M.	3
Hsiao, F.	3
Jones, J. D.	3
Kern, P.	3
LaGasse, A. B.	3
O'Callaghan, C.	3
Pasiali, V.	3
Robb, S. L.	3
Whipple, J.	3

Note: 33 other authors with 2 publications; 125 other authors with 1 publication.

Table 1: First author and number of published articles in the *Journal of Music Therapy*, 2000-2015

seven articles (2.41%) and authors from Sam Houston State University, Temple University, and the University of Georgia published five articles (1.72% each). Table 2 depicts the rank ordered list of institutional affiliations.

DISCUSSION

The purpose of this study was to determine research productivity within the *Journal of Music Therapy* by descriptively analysing the first authors and their respective institutional affiliations of refereed articles within the journal from 2000-2015. Results indicated that from 2000-2015, 181 different first authors published articles meeting inclusion criteria in the *Journal of Music Therapy*. Of those articles, 91 different universities or colleges and 26 non-university institutions were represented. The long lists of contributing first authors and affiliations highlight the selectivity and diversity of the *Journal of Music Therapy*. Additionally, affiliation results are congruent with

Institutional affiliation	Articles
Florida State University	42
University of Kansas	24
University of Minnesota	13
University of Missouri - Kansas City	10
University of Iowa	8
University of the Pacific	8
Colorado State University	7
Sam Houston State University	5
Temple University	5
University of Georgia	5
No affiliation	4
Ohio University - Athens	4
Sookmyung Women's University	4
University of Alabama	4
University of Kentucky	4
University of Melbourne	4
University of Miami	4
Aalborg University	3
Drexel University	3
Indiana University - Purdue University Indianapolis	3
Louisiana State University	3
Michigan State University	3
Queens University of Charlotte	3
Shenandoah University	3
State University of New York - New Paltz	3

Note: 17 other affiliations with 2 articles; 78 other affiliations with 1 article.

Table 2: Institutional affiliation and number of published articles in the *Journal of Music Therapy*, 2000-2015

Silverman (2008), who found that Florida State University and the University of Kansas had the largest number of research posters at American Music Therapy Association conferences. This may be resultant of more faculty members at the institutions, the university's research mission that allocates faculty research time, and a larger number of graduate students.

Despite being a research journal dedicated to innovative and prominent music therapy research, approximately 9% of articles were published by authors at a non-academic affiliation. Thus, although not publishing as prominently as academics, clinicians seem to be involved in publishing at least some articles in the *Journal of Music Therapy*. However, it is possible that publishing clinicians were involved in graduate

programmes and published their work with their clinician-associated institutional affiliation rather than the academic institution to which they were associated when they conducted the research. Relatedly, Silverman (2008) found that independent clinicians and scholars were active researchers and presented more research posters at the American Music Therapy Association Research Poster Session than any single academic institution. Silverman's (2008) finding may also have been influenced when first authors changed from academic to clinical affiliations after degree completion.

As music therapy researchers publish their work in a plethora of music-based and non-music-based publication venues, results of the current study may be misleading if trying to determine overall scholarly productivity and research eminence. Thus, readers are urged to not generalise results beyond the *Journal of Music Therapy* from 2000-2015. Additionally, another factor potentially limiting generalisability specific to institutional affiliation is that authors can change affiliations.

It is interesting that, in general, the top-ranking authors and their respective affiliations are located in the United States. This may be resultant of the *Journal of Music Therapy* itself, as it is a publication of the American Music Therapy Association. As many productive music therapy scholars are located outside the United States, we caution readers against generalising results of this study.

A noted limitation of this study's analysis is that authors listed second or after were excluded. While we acknowledge the significant contributions of the co-authors (and collaborative processes) in research studies, as researchers, we had to make a uniform decision about how to approach this factor in our database. Based from previous music researchers who have studied productivity (Grashel 2007; LeBlanc & McCrary 1990; Silverman, Waldon & Kimura 2014), we only considered the first author in our analyses. Additionally, there may have been cases when co-authors shared research and writing responsibilities equally and decided to list their names alphabetically in the publication order. Finally, results are limited by only including articles published between 2000-2015. Thus, many prestigious music therapy scholars who have considerably influenced the profession with numerous publications in the *Journal of Music Therapy* before 2000 were not recognised as such in the current study.

Future researchers might also measure productivity by counting citations of refereed articles published in the *Journal of Music Therapy*.

Furthermore, it might be interesting to study other journals wherein music therapy researchers frequently publish their work, such as the *Nordic Journal of Music Therapy*, *The Arts in Psychotherapy*, and *Music Therapy Perspectives*. Future researchers might also investigate the other contributing authors to studies within the *Journal of Music Therapy*. For example, if researchers found that a scholar contributed to multiple papers with the *Journal of Music Therapy* as a second or third author, this author could then be recognised as a productive and contributing scholar.

There are specific types of content analyses of the music therapy literature available (Coddling 1987; Gfeller 1987; Gregory 2000, 2001; James 1985; Schwartzberg & Silverman 2011; Silverman, 2006; Tsiris, Spiro & Pavlicevic 2014; Wheeler 1988). Therefore, researchers might conduct studies connecting music therapy content with specific authors and institutional affiliations. Moreover, to determine research eminence within the music therapy field, additional research could be conducted on the editorial committee of various music therapy journals (Pasilai, Lin & Noh 2009).

Although scholarly productivity articles exist in the music education research literature, to the best of our knowledge, there is no such study in the music therapy literature. Research productivity data can have implications for funding as agencies typically desire to see an established record of published research. Therefore, the purpose of the current descriptive study was to determine research productivity within the *Journal of Music Therapy* by analysing the first authors and their respective institutional affiliations of refereed research articles within the journal from 2000-2015. The lengthy lists of contributing first authors and their respective institutional affiliations underscore the selectivity, diversity and prestige of the *Journal of Music Therapy*. Additional research is warranted to determine aspects of authors and affiliations contributing to the *Journal of Music Therapy* and other music therapy publication venues.

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Article

When music therapists adopt an ethnographic approach: Discovering the music of ultra-religious boys in Israel

Nir Seri & Avi Gilboa

ABSTRACT

Our music therapy encounters with boys from a unique cultural sector in Israel, namely ultra-religious Jews, indicated an urgent need to investigate what their musical world was composed of. Since no prior research has systematically mapped the musical world of these children, a basic field study was required and an ethnographic approach seemed most appropriate. Interviews were conducted with the main musicians who are responsible for shaping much of the musical world of ultra-religious children, as well as music educators, and the data was analysed according to an ethnographically informed framework. Results indicated the existence of a rich and varied musical repertoire that contains sub-genres such as popular ultra-religious music, children's songs, play songs for toddlers, lullabies and waking up songs, Shabbat table songs, learning songs, and traditional melodies (audio recordings are provided). Several distinct environments were revealed in which the music was relevant to the children: the home, educational spaces, weddings and celebrations, and the synagogue. The contribution of these findings to music therapists is discussed. It is stressed that music therapists with such knowledge may increase the level of trust between themselves and their client. In addition, this knowledge has the potential of enabling a music therapist to be better attuned to the ultra-religious communal agenda and thus have increased levels of empathy and tolerance to the client and the issues he or she faces.

KEYWORDS

music therapy, ethnomusicology, ethnographic study, culture, cultural-sensitive therapy, ultra-religious Jews

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INTRODUCTION

There are moments in which we feel that we must put aside our role as music therapists whose job is "to effect change through programs of intervention and treatment", the locus of change being "the individual client, whose course of treatment should optimally be beneficial in terms of measurable gains in ability, functionality, health, wellness, or other areas of diagnosed need" (Bakan 2014) and to adopt a different stance. Such was the case when we began to work with Jewish ultra-religious boys in kindergarten and school environments. We found that these boys had different musical backgrounds than we did, and more disturbing, that the concept of music was different for these children and we did not quite know what it meant. Had we had scholarly accounts of the music in the lives of Jewish ultra-religious children (and more specifically, boys), we surely would have read them but, to our disappointment, no such accounts existed. An ethnographic approach was needed in which we could just observe, listen and try to understand how these boys conceive, produce, and consume music. Ethnomusicologists, and more specifically medical ethnomusicologists, base their work on an approach in which they "do not seek to 'change' their interlocutors through therapy, but rather strive to learn from them by listening to their narratives, observing their musical experiences, and participating in collaborative musicking with them" (Carrico 2015). Clients become musical experts, music therapists become knowledge seekers, and the locus of 'change' moves from the interlocutors to the music therapists.

In this article we will describe a modest ethnographic inquiry we began in which we tried to discover just a bit of the musical world of Jewish ultra-religious boys in Israel. As will be seen, we did not (and ethically felt that we could not) address our own clients, and instead started to track information through interviews with ultra-religious musicians and music educators who are responsible for creating and shaping music for ultra-religious children. This initial stage, we believe, can lead to other inquiries focused directly on the children and their musical world. We will begin with a literature review that will briefly describe the ultra-religious sector in Israel, their core values and their deep connection to music.

LITERATURE REVIEW

The ultra-religious sector

The ultra-religious sector is one of the most intriguing cultures in Israel. People in this sector are completely committed to the Jewish code of rules (*Halacha*) and they are generally reluctant to be influenced by Western/modern ideology and way of life (Friedman 1991; Friedman & Shelhav 1985). These people live in communities in towns and cities, usually in separate neighbourhoods that enable them to comfortably maintain their unique way of life. The *Sabbath*¹, for instance, according to Jewish rules, is a day of utter rest in which no work is permitted, the use of electricity and electric appliances is prohibited, and instead an atmosphere of restfulness and prayer prevails. Thus, roads in the ultra-religious neighbourhoods are closed off, no traffic is permitted, and streets fill with pedestrians on their way to and from synagogue, and to their families and friends. The dress code of the ultra-religious is quite distinctive: men wear black suits with long black coats and black hats, and women dress very modestly, avoiding extravagance, covering all parts of their body, and married women cover their hair as well.

Evidently, these ideas and definitions are highly saturated with different meanings for different people. From our viewpoint as religious (not ultra-religious) men, one of the most important issues here is what we perceive as the ultra-religious total obligation to one set of rules leading to dichotomies such as 'permitted vs. prohibited' and 'pious vs. sinful' person. According to our religious ideology there is an aspiration to combine the religious set of rules with the Western way of life; thus leading to more flexibility.

One of the core (if not the ultimate ultra-religious) ideals is studying the *Torah* (the Bible and other central books in Judaism such as the *Mishna* and the *Talmud*). There is a strict separation between the sexes from a very young age. Boys are encouraged to develop their capabilities of coping with the intellectual challenges that are involved in studying *Torah*. They learn in kindergartens, followed by schools, and then from the age of 12-13, in the *Yeshiva*, a place dedicated entirely to *Torah* study

¹ *Sabbath*, the Shabbat is the holiest day of the week for the Jewish people. Hence, as a religious imperative, working is forbidden and it is entirely dedicated to prayers, festive family meals and, in general, for the sake of restfulness of the body and soul.

(Scheransky 1999). The girls are encouraged to develop their capabilities of coping with the challenges of raising a family, educating the children, and attaining a job that will support the family financially. They learn in separate kindergartens, schools and then seminaries that provide them with these skills. This way of life greatly supports high birth rates.

As a central value in their society, great emphasis is placed on the education of children (Scheransky 1999). Education is important both as a way to indoctrinate the children to live according to the Jewish code of rules and as a way to develop the children's academic abilities to the maximum. It is quite noticeable, when entering ultra-religious neighbourhoods, that there is an ongoing preoccupation with education. This is because in the eyes of the ultra-religious society, education is not only another aspect of life but one of its supreme goals (Rose 2006). In recent years this tendency has seeped into early childhood education as well, which is no longer considered merely a "babysitting" framework (Landler 1999). To this extent, children, and specifically boys, are enrolled in education from a young age (usually 3 years of age) and the academic days are quite long. Academic abilities that are required for studying *Torah* are highly rewarded; the best learners have the highest status and are most admired by this society.

Generally speaking, people in this sector do not espouse a Zionist ideology and therefore do not serve in the Israeli army and do not celebrate national days such as the Israeli Independence Day and the Israeli Memorial Day for the fallen soldiers. Some ultra-religious sectors are reluctant to speak Hebrew, the formal language in this country, and instead speak Yiddish, a blend of German/Russian and Hebrew, the language used by Jews before the modern state of Israel was founded. This diversity in ideologies has caused quite a lot of tension and conflict between the ultra-religious sector and the mainstream society in Israel. This tension is intensified by the contrasting opinions on many issues such as marriage, abortion, women's rights, and the Sabbath, which have caused many confrontations, some violent (Amir & Ben-Ari 1989; Bizman & Yinon 2000, 2004).

Music and the ultra-religious sector

Music plays a central role in the ultra-religious sector. Firstly, there is a vast repertoire of traditional tunes (*Nigunim*), some of which are used during religious rituals (*liturgical*) and others which are used in not necessarily ritualistic occasions

such as community and family gatherings (*para-liturgical*). Some of these tunes are said to be hundreds of years old, some were composed by highly esteemed figures while others are popular and well-known and are an integral part of the folklore (Stuchevsky 1988).² Secondly, the prayers, especially those cited on the *Sabbath* and during holidays and high holidays³, are sung by the community and by the cantor who leads the services. Here, too, many of the tunes are said to be hundreds of years old, others are newer but yet hold high emotional significance for the community members (Mazor 2005, 2014, no date). Thirdly, the actual study of the *Torah* has musical characteristics. The words are cited in a sing-song recitative, which became an integral part of study. It is said that the flow of this recitative is correlated with the extent the learner understands the text; flowing sing-song indicates understanding while broken sing-song indicates difficulty in understanding (Gshuri 1963). Fourthly, music is an integral part of traditional ceremonies and rituals such as weddings and Bar-Mitzvahs and other communal happenings. The music used here is usually upbeat and energetic because it is connected to dancing, eating, and celebration. Finally, in the past two decades there has been a burst of popular ultra-religious music, which is a hybrid of liturgical words with pop and rock style music (Gilboa 2010). There is a flourishing industry of such CDs and these are purchased and used mostly for leisure and entertainment. In fact, part of this industry includes music for children and it is produced and monitored by a handful of well-known and informally authorised songwriters.

Meanwhile, awareness of the possible psychological treatments for people with special needs has developed quite significantly during the past two decades. Parents of children with special needs were inclined to send their children to non-

² Some *nigunim* are unique to only one ultra-religious sub-sector, thus, delimiting it from others. Within the ultra-religious sector there are indeed sub-sectors that originated from different countries and regions, mostly from Eastern-Europe.

³ According to the Jewish religion there are several holidays that are celebrated throughout the year (e.g. Sukkoth, Pesach, Shavuot, Purim, Hanukah). Each of these holidays entail special customs, prayers and tunes. The high holidays, Rosh Hashanah (literally 'the beginning of the year') and Yom Kippur (Day of Repentance) are celebrated at the beginning of the Hebrew calendar (around September). There are extensive prayers and musical modes and tunes that are designated to these holidays.

religious schools which enabled them proper treatment and development. However, this stirred complex moral dilemmas among the parents who did not want their children to be influenced by non-religious ideas and lifestyles. During the late 1990s, many special needs schools for ultra-religious children were founded, enabling the children a culturally appropriate place to develop. Part of this process was the training of an increasing number of ultra-religious psychologists, social workers, speech clinicians and other professions. As noted above, due to the fact that this sector cherishes music and its power, music therapy programmes for ultra-religious music therapists (women only) were also founded (Gilboa 2015). Despite the fact that there are ultra-religious music therapists, there are still many cases in which *non* ultra-religious music therapists work with ultra-religious children, such as the authors of this article. In many cases this happens with schools for boys which, to keep strict gender separation, prefer to employ male music therapists over female ones. Given that ultra-religious music therapy programmes train only women, the only male music therapists are not ultra-religious.

Music therapy and the ultra-religious sector

Starting to work with ultra-religious boys was, for us, quite a challenge. It was immediately apparent that these children grew up in a cultural environment that seemed to us completely different to ours. We had a different dress code; we spoke with a different accent; we grew up on different games, different songs, different heroes and different ideals. These differences were apparent despite the fact that we were both acquainted with the religious ways of life. Likewise with music, although we were acquainted with many genres and sub-genres of ultra-religious music, we were not fully aware of the meanings and roles that music had in this culture and, more specifically, for young boys. We felt that this challenge went far beyond listening to recordings of ultra-religious music and getting acquainted with the music. This challenge required that we learned how music was connected, perhaps intertwined, with the emotional development of ultra-religious boys.

Normally, music therapists working with clients from a culture that they are not acquainted with are required to 'do their homework' and to become familiar with the musical world of their clients (e.g. Stige 2002; Yehuda 2005). There is usually a corpus of literature written by ethnomusicologists or

music sociologists to relate to in order to acquire such information. For instance, there is a substantial platform of knowledge and ethnographic research on children's music in various cultures around the world (Campbell & Wiggins 2013). In our case, however, we experienced difficulty in doing so. We found no specific sources of information, no books, no articles and no informants to tell us about music in the lives of ultra-religious boys.

At this point we understood that we were supposed to rise to the challenge and to adopt an ethnographic approach (Ashkenazi 1986; Wolcott 1994). It would be our mission to discover as much as we could what the musical world of ultra-religious boys was. It was not our intention to investigate ultra-religious music at large since, as mentioned, this field has already been explored; rather, to focus on the music that ultra-religious boys listen to. As a first step we decided to locate the hard core of songwriters who wrote music for ultra-religious children. These musicians were unofficially approved as producing acceptable music for the children and therefore had tremendous impact on the musical consumption of ultra-religious children. At this preliminary stage of our study they seemed to be the key informants for the inquiry. We also addressed music educators who could report on the ways music is used in kindergartens and schools. These informants all had the additional perspective of parents of ultra-religious children and also their personal histories as ultra-religious children. It is important to stress that we were aiming at the music of boys, not girls, knowing that in ultra-religious education boys and girls are enrolled in separate education systems designated for their distinct gender roles. Therefore, we assumed that the musical world of ultra-religious boys and ultra-religious girls would be quite different and we indeed received such indications from our initial inquiries. In addition, we aimed our investigation at boys up to the age of primary school (six to seven years of age), knowing that at this age there was a significant change in the attitude towards boys both in the educational environment and in the family environment; when the boys are enrolled in primary school they are expected to be much more focused on their academic abilities, possibly having an effect on their leisure time and their musical life (Spiegel 2011). Our research questions were therefore as follows:

1. What does the musical repertoire of ultra-religious boys up to the age of seven include?

2. Where are the main environments in which music is meaningful to ultra-religious boys?
3. In what ways is the music meaningful to the boys?

METHOD

The research framework in this study was ethnographic. Ethnography is a description of the cultural aspects taking place within a group of people (Angrosino 2007). The role of the ethnographer is to examine, accompany and document a series of events in the everyday life of a specific society, which provides him or her with rich data about its cultural and social activities (Wolcott 1994). Such a framework seeks to verbally outline the cultural reality, giving a preference to experience the society in its natural environment (Creswell 2007; Tsabar-Ben-Yehoshua 1995).

Participants

Seven ultra-religious informants participated in the study: four men and three women. They were from different ultra-religious communities and all had children of their own. They were chosen because of their in-depth acquaintance with the music of the ultra-religious world and especially children's music. Some of the informants are well-known composers of ultra-religious children's music and are thus considered by many ultra-religious people as experts in this field. Men as well as women were included in the sample to provide different perspectives on the subject. The women in the sample were well acquainted with preschool boys and their music, both as mothers and as kindergarten teachers. The men recalled their personal musical memories as boys and also reflected on their boys' experiences as they saw them. In addition to the expert informants who were interviewed and at times observed or re-interviewed, there were five participants who were spontaneously interviewed. They were located during observations and then contacted and interviewed.

Tools

Data was collected in the following ways:

Ethnographic interviews

A general list of subjects is addressed throughout the interview although there is no inclination to raise the issues in a specific order or to limit them in any way. Instead, a free discussion is

encouraged in which the interviewer only lightly directs the interviewee. In the context of the present study the following subjects were raised: the informant's musical world as a child, the music s/he sings to his/her children, and his/her acquaintance with the ultra-religious children's musical world (see the full list of questions in appendix 1). Interviews lasted between one and two hours. In two cases there was a need to return for a follow-up interview. Interviews were all recorded on a 'zoom' recorder, and later transcribed word by word for further analysis. The musical material from these interviews included songs and parts of songs that the interviewees recalled from memory.

Observations

Observations were conducted in natural environments (school, synagogue) with minimal observer involvement. The observations were non-participatory in nature in that the observer was not part of the observed environment (Tsabar-Ben-Yehoshua 1995). Altogether four observations were conducted: three at the preschool wing of ultra-religious schools and one at a synagogue. Field notes were taken immediately after each observation including a detailed description of the environment, the participants and the interactions between them. In addition, personal notes were written, elaborating on the observer's subjective feelings. The school observations, including the musical material, were audio recorded so that it could be transcribed and analysed.

PROCEDURE

Participants were contacted via telephone by the first author and given an explanation of the general idea of the study. They were asked to participate in a one-to-one interview at a location of their choice. If they consented, an appointment was made. At the beginning of each interview the purpose of the study was reiterated and the interviewee was asked to sign an informed consent form. When the data analysis was well underway we sent the results to participants to give interviewees control over the information they revealed during the interview and they had the freedom to omit or revise parts of their interview, if they felt the need. Such consultation with participants is customary in qualitative research. This serves to enhance research credibility because the data is exposed to people other than the researchers thereby gaining more perspective on the material.

Observations took place alongside the interviews. Here, too, a participant, either a teacher

or the principal of the school was first contacted by the first author and given an explanation about the general idea of the study. The informant was asked for permission to conduct an observation in their school or class. After permission was granted, a date was arranged and the observation took place.

Data was analysed according to Wolcott's (1994) ethnographic method which includes description, analysis and interpretation. The *description* includes an exhaustive layout of the data that was found. In the present study we had both verbal and musical materials to describe. To this extent we transcribed all of the interviews and all of the music that we collected. The *analysis* included a classification of the musical genres that we found and the musical environments where the music was played. The *interpretation* of the material focused on understanding how the genres and environments that were found in the study were connected to the emotional development of ultra-religious boys and what implications this had on music therapists. To do this, we combined the new knowledge we obtained from this study with former knowledge we had about music, and music therapists in connection to children, and more specifically – ultra-religious boys.

To ensure proper ethical standards were maintained, interviewees signed informed consent forms. Observations in school were conducted only after we attained the authorisation of the school principal. In addition, the research was approved by the Ethics Committee at Bar-Ilan University's Music Department.

FINDINGS

Typical to ethnographic studies, the amount of musical and verbal data gathered was enormous. We organised it according to two main axes so that they answer both research questions: (1) *musical genres* that were found, defining each genre, describing what it includes and giving some representative examples. This angle provided answers to our first research question regarding the musical repertoire of ultra-religious boys; and (2) *musical environments* where music existed for the boys. This angle provided answers to our second research question regarding the environments in which ultra-religious boys are exposed to music and how it impacts them.

Musical genres

Children's songs

This genre includes original songs that are intended for children. These songs are divided into those intended for babies and toddlers (0-3), those intended for young children (3-7) and didactic songs that are used to enable better learning for the children.

i. Songs for babies and toddlers: The songs in this sub-genre are mostly play songs that are intended to involve the baby or the toddler in game and motion. Words are very simple and the music mimics 'motherese', the natural intonation in which mothers speak to their babies (Stern 1985). This genre, which exists in many cultures, including mainstream Israeli culture, was picked up by ultra-religious children's song composers in the 1990s and modified according to ultra-religious content and restrictions. A good example of such a song is Ariela Savir's 'We sit here together' from her CD 'Hamudisk'⁴ (see track 1, appendix 2). The words are "We sit here together today / and look up to the sky / a hand rises up and says hello / and then drops! Bum, bum, bum". Savir explained the didactics behind the making of this song, the need for it to be simple and relevant, connected to the child's body and connecting all of the children together. She also explained what she had to do in order for her songs to be appropriate for ultra-religious children. This was done mainly by regulating the verbal content to avoid sensitive issues such inter-gender hugging and kissing, which are considered inappropriate in this culture, avoiding 'dirty' or 'street' slang, avoiding situations in which males and females mingle together, and avoiding Zionist content, which is usually not acceptable to the ultra-religious ideology (Friedman 1991). There is also a preference for songs with a solid didactic goal (e.g. to teach a word or an idea) and less so for songs that are primarily just for fun. There are many other CDs in this sub-genre, which has been quite popular since the 1990s.

ii. Songs for young children: This sub-genre includes original songs that are intended for boys older than the ones in the previous sub-genre, that is, between the ages of three and seven. At the age of three, boys in the ultra-religious culture go through a significant change where they move from being cared for and taught by female figures at home or at small day care centres to being taught by male figures in a kindergarten called a *cheider* –

⁴ A word game combining the words "cute" and CD.

literally 'a room', conceptually a place for learning (Bilu 2000; Spigel 2011). At this age they begin to learn to read and to study *Torah*, and they are separated from the girls. The goal of these songs is, in contrast to the previous sub-genre, to introduce and teach religious ideals. The lyrics are typically about cherishing the *Torah*, love of God, and encouragement to engage in good deeds and in the religious code. Yehudit Shikman's song 'Akiva goes his way' is an example of a song in this sub-genre (see track 2, appendix 2). The transition to the *cheider* has major implications for the songs. Firstly, from this age onwards, boys are not encouraged to listen to women singing; therefore the musical repertoire intended for them will be sung only by boys and men. Secondly, the content of the songs will be more directly aimed at keeping the religious code and loving the *Torah*. Thirdly, the verbal message will be short and simple. Finally, the music will be simple and enjoyable.

iii. Didactic songs: These songs are intended to assist ultra-religious toddlers and children to learn and memorise. Unlike the songs in the previous sub-genre where the song contained a general idea or ideal, here the verbal content includes specific verses and texts which the children are expected to know and memorise. The music 'coats' the words and makes them more accessible and appealing to the child. In this way, the child learns without even realising that he or she is in study mode. There are four different possible combinations of lyrics and music in this sub-genre including a well-known verse with a well-known melody, a well-known verse with an original melody, an original verse with a well-known melody, and an original verse with an original melody. Similar to these songs are short prayers and verses such as the blessing after eating a meal (*Birkat ha'mazon*) which are recited in a recitative-like mode. Here, too, the music 'coats' the text and makes it accessible and easier to remember by heart. This recitative mode is, in some ways, an introduction to the grown up world in which recitative is pervasively used when studying and praying.

Bedtime songs

The genre includes songs in Hebrew and in Yiddish that are intended for (a) putting the children to sleep (lullabies) and for (b) waking them up in the morning. This genre includes traditional and original songs.

i. Lullabies: Some of the lullabies are well-known melodies usually in Yiddish that were passed on from mother to child for generations. Others, most if not all of them, in Hebrew, are lullabies that were

adopted from the mainstream Israeli culture and in some cases adjusted so that the content reflects the ultra-religious culture. For instance, in one well-known lullaby the verse "father went to work..." was changed to "father went to learn *Torah*..." to accommodate to the ultra-religious reality in which fathers usually and ideally learn *Torah* as their main occupation. A third and more recent type of lullaby is a mix of original ultra-religious lullabies that are commercially distributed on CDs for the ultra-religious parents to put on during bedtime (see track 3, appendix 2). Another interesting and fairly recent trend takes the line of the popular baby and toddler CDs such as 'Baby Mozart' and 'Baby Bach', and accommodates central Hassidic *nigunim* that are considered the 'classics' among these communities and arranged to a simple version appropriate for children and babies. Such is the CD 'Hassidic dreams', which includes soft and simple versions of Chabad⁵ *nigunim*.

There was quite a diversity regarding the centrality of lullaby singing among the participants in this research. On the one hand there were those who claimed that lullabies were a 'must' in their homes while, on the other hand, there were those, mostly men, who did not recall singing to their children or being sung to by their parents. Possibly, lullabies are more prevalent among mothers, and possibly, as Yehudit Shikman⁶ argued, the tradition of live lullaby singing is eroding in the present generation: "today they [the parents] don't sing... and this is because of the CDs and the cassettes. Mothers today, even when they take their children for a walk, speak on their cell phones...they don't have the time or the patience...". These assumptions await further research.

ii. Waking up songs: These songs, which are typically sung in the morning by parents to their children to encourage them to wake up, are eclectic and improvisatory in nature. There is no formal record of such songs and it seems that they are part of a local family tradition. There are parents who simply improvise a verse to fit the atmosphere during the morning and the request to wake up

⁵ Chabad, an acronym that stands for wisdom, understanding and knowledge is one of the most famous ultra-religious communities in Israel. Chabad attaches great religious value to music, and considers it an important means for spiritual elevation.

⁶ She was one of the interviewees with many connections to this study: She is an ultra-religious musician and a senior music teacher for ultra-religious children. As a parent and grandparent, she also had important inputs for this study.

because it is time. Others simply turn on CD music to accompany and to temper the difficulty of waking up. Yet another participant encountered a scene of waking up music in his *Yeshiva*, where one of his Rabbis walked through the dorm rooms every morning with his guitar singing songs to wake up the boys. Waking up songs are apparently not an organised genre, and certainly not a documented one and further research is required to understand how prevalent it is and what types of music it includes.

To conclude this genre of 'bedtime songs', we shall point at the uniqueness of these songs which relates to the place and time they are used: inside the home, in the family environment, near the child's bed, and never in public; timewise, they are used during the transitional time between day and night, between wakefulness and sleep, or vice versa, between night and day, between sleep and wakefulness. It is exactly because of this intimacy that this genre has not yet been fully revealed, which is why further research must be extremely delicate and culturally sensitive. Families might want to keep their songs to themselves; others might find it embarrassing to reveal such songs, which may be considered by others as foolish or unworthy.

Shabbat table songs

This genre includes songs, some of which are said to be hundreds of years old (Hajdu no date). These songs are unique in that they are sung in the home environment, with the family, during *Shabbat* meals (see track 4, appendix 2).⁷ There are three *Shabbat* meals: one on Friday night, one on Saturday late morning and one on Saturday evening. Each of these meals takes place with the entire nuclear family and often with friends and extended family as well. It is customary that in between courses, the family sings some of these songs out of a booklet that includes the lyrics of the most popular songs. In some families it is customary that one or more of the family members chooses the song or the specific melody to be sung.

Yehudit Shikman emphasised the special atmosphere that singing these songs elicits: "they [the children] experience the music, the singing, the power, all through these songs, pure delight! How unifying this is for the family...". Motti described the

quality time he has with his two-year-old son during *Shabbat* meals: "The *Shabbat* evening meal can take two to three hours. What do I do for so long? I dance with my son and we sing songs throughout the meal". Rabbi Alter, one of the accomplished musicians we interviewed, added his personal memories of the *Shabbat* table scene: "We used to sing around the *Shabbat* table. The *Shabbat* table, you could say, is the source of my knowledge of songs. And I am sure this is the case for many people". He went on to describe how the *Shabbat* table serves as a site for passing on family tradition and merging it with other traditions:

"first you imitate you father, right? You begin as a child and sing what your father sings. Then you start leading the *Shabbat* table singing, right? You add new songs that you learned in the *Yeshiva*, some other popular songs, some that your father might not know. But then, you always return to your home, to your father's musical heritage...".

Evidently, this genre has a central role in moulding the family identity as well as one's personal identity.

Prayers

Jewish prayers in general and Hassidic prayers in particular have been extensively documented and studied (e.g. Fleischer 2012; Gshuri 1972; Mazor 2005, 2014, no date) and it is beyond the scope of the present study to elaborate on them. It is, however, important to refer to this music in regard to ultra-religious young boys (up to the age of seven) and to examine whether they are exposed to this music. Most of the prayers take place in the synagogue, and the prayers most rich in music are those held on *Shabbat*, on holidays and especially on the high holidays.

Generally speaking, ultra-religious boys are brought to synagogue from the age of three, which is the appropriate age for boys to move from female company to masculine company in the ultra-religious community (Bilu 2000). However, the boys do not have an active role in synagogue. Instead they are exposed to their particular traditional communal melodies which have the potential to profoundly shape their identity and sense of belonging. By absorbing the atmosphere, they will be able as adults to integrate and take an active part in prayer. In one of our observations that took place during *Shabbat* evening prayers we could see that some boys sat near their fathers while others wandered in and out of synagogue. At one point in the services, children were called to gather at the stairs of the Holy Ark, but remained passive.

⁷ Live recordings of such songs are quite rare because it is forbidden to use electric appliances during *Shabbat*, recorders included. Most recordings of these songs were therefore conducted out of the authentic scene, usually right after *Shabbat* is over.

*Hassidic music*⁸

This genre is intended for ultra-religious people in general, not necessarily for children. However, children are exposed to this music at various occasions such as weddings and other celebrations, at community gatherings and also through the (limited) media channels such as the ultra-religious radio stations, CDs and specially produced ultra-religious DVDs (but not through the television and the internet, which are generally prohibited). This genre is divided into (i) Hassidic *nigunim* and (ii) Hassidic pop music.

i. Hassidic *nigunim*. These are melodies, originally with no instrumental accompaniment that are considered to be decades and sometimes centuries old (Hajdu & Mazor 1974; Mazor 2005 2014, no date; see track 5, appendix 2). There are many stories about the fantastic, sometimes miraculous ways in which the *nigunim* were composed by the Rabbi of the community or the designated composer (Gshuri 1963) and indeed some of these *nigunim* are considered sacred to the extent that they are not supposed to be performed out of their designated context – e.g. a wedding or a holy day (Leibman 2010). It is important to stress that different sub-sectors of the ultra-religious culture ‘own’ different *nigunim* that they composed, although it is quite frequent and natural that ‘local’ *nigunim* become public.

Some *nigunim* start in a very basic form but then become freer and even improvisatory. Many *nigunim* serve as the platform for movement and dance, sometimes building up to an ecstatic point. Motti, for instance, described the experience of singing one of the *nigunim* in his community: “our *nigunim* have no words, you sing continuously and then each person improvises the words that are appropriate for him”. Evidently, *nigunim* have a deep meaning to ultra-religious people and they reflect a very intimate connection that these people have with music (Harari 2013). Singing these *nigunim* require that one is involved in deep contemplation and has the spiritual capabilities to

do so. This is why it is rare for children to be initiated into the world of *nigunim*. The fact that *nigunim* are not accompanied by instruments, or words sometimes, and if so by powerfully sacred words contradicts the simplicity of form and content that is needed for children. Although the official approach is to leave *nigunim* out of the realm of children, they are passively exposed to them or to milder versions of them (instrumental versions, more popular arrangements of them). One of the wedding *nigunim*, for instance, is well-known and much loved by ultra-religious boys (see track 6, appendix 2). As mentioned before there is a Chabad CD intended for babies and toddlers that arranges some of the well-known *nigunim* in a simple ‘baby Mozart’ style. This CD is quite new and rare and it is far from being mainstream in the ultra-religious sector. In any case, ultra-religious boys know about *nigunim*, and are influenced by the attitudes that their parents have towards this music, which is why we include this genre in our review.

ii. Hassidic pop music. This sub-genre is also not intentionally aimed at children but at grown-ups. These songs, which are a hybrid of religion-related words and pop and rock style music, are extremely popular, and are successfully sold as CDs and DVDs, are played on ultra-religious radio channels and in live performances. In addition, many of these songs are played at community gatherings such as weddings and other celebrations (see track 7, appendix 2). The dynamics of this genre resemble that of pop and rock music in the Western world, including more and less fashionable songs, more and less fashionable singers including singers who are considered ‘stars’, huge audiences in live performances, etc. There are also some very popular children’s groups, some of which are considered by ultra-religious children as ‘stars’ and role models (see track 8, appendix 2).

It is exactly for this reason that there is a constant struggle between the music industry and the formal ultra-religious gatekeepers, the former trying to expand its horizons and the latter trying to contain the music within the strict boundaries of the non-Western ideology. The struggle is especially severe in relation to teenagers and children, whom the gatekeepers feel most obliged to guard from undesired influences. For this reason, much of the Hassidic pop music is not welcome in kindergartens and schools, places that are supposed to be ‘sterile grounds’ in relation to Western influences. This attitude towards pop songs is evident in Naftali’s account of the pop music: “These are very nice songs, but they come and go... This song “*ma, ma,*

⁸ The terms ‘Hassidic’ and ‘ultra-religious’ are sometimes used interchangeably although they do not have the same meaning. The ‘Hassidic’ sector is just a part of the greater ‘ultra-religious’ sector. It is composed of many ‘Hassidic sub-sectors’, each led by a leader (i.e. the Rebbe), each following a slightly different tradition, dress code, etc. In the context of the ‘Hassidic genre’, however, we preferred to use ‘Hassidic’ because it is the term used in Hebrew for ultra-religious music, mainly because it was the Hassidic sectors that cherished and therefore promoted music much more pronouncedly than other sectors during the 19th and 20th centuries.

ma, tovu ohalecha..." it was such a hit for two to three years and then it disappeared. What happened? Why? Is this song really better than "*tov li torat picha*"? [a traditional song]". It should be noted though that in homes, this music is not as strictly limited to the point that in some homes, popular Hassidic music is part of the regular playlist. In addition, there are some songs that eventually became an integral part of the regular and esteemed songs in the sector and some singers are considered very mainstream and accepted, such as Avraham Fried (see track 7, appendix 2) and Yakov Shweki (see track 9, appendix 2).

Musical environments

To answer the second research question we will examine in what environments ultra-religious boys are exposed to music and how it impacts them.

Home environment

The home is the most basic and important environment for any child, including ultra-religious children. During the extended time that children are in their homes and through their interactions with their parents and other significant figures, they are mostly passive; they absorb the sounds, become familiar with them. The sounds become an integral part of their identity. On a daily basis, these include more and less popular songs that are played on the radio, or more correctly on ultra-religious radio channels, and also more trivial sounds that penetrate the house from the street. In many ultra-religious neighbourhoods, streets are very vibrant and noisy, and they include sounds such as 'live' advertisers asking for donations, announcing the special communal events, and more. In some neighbourhoods it is customary for a siren to go off when *Shabbat* begins, followed in some places by a song connected to the uniqueness of the *Shabbat*. We count all of these as part of the child's musical environment because in line with the ethnomusicological approach, we believe that these all add up to the multi-soundtrack typical of the home environment.

In addition to this ongoing soundtrack there are specific times when music takes place in the home environment, such as the bedtime songs, which we referred to before. As noted, the context of these songs emphasise feelings of warmth, security and love transmitted from parents to children. In addition, there are several verses that are cited in incantation before falling asleep, some of which ask God for a safe night, sound sleep and to wake up

safely in the morning. In the morning it is customary for children from a very young age to chant the prayer '*modde ani*' in which God is thanked for giving the soul back. These prayers are often said together with one of the parents and this imparts upon the child a feeling of double security, that which the parent provides and that which God provides.

Shabbat table songs, another genre that takes place inside the home, emphasises the family and its special identity. Around the *Shabbat* table and through these songs, the family dynamics are reflected and emphasised. In families where the father is very dominant this will reflect in father-dominated singing; in families that suffer from constant power struggles this will reflect in a struggle over what song will be sung and by whom. Music, then, becomes a signifier of the family and its emotional status.

Educational environment

The educational environment includes the kindergarten and the '*cheider*' in which the ultra-religious boy spends much of his time. It is a place where the child will not only learn academic material but will also absorb the basic ideals of his religion and culture. As mentioned before, music is one of the means through which this process is promoted. Some of the music is introduced repeatedly as part of daily rituals such as the incantation of the morning prayers or the blessings before and after meals. Other music is used as the basis for learning and memorising. Yet other music is used to regulate the children's energies, welcoming calmly in the mornings and energising later in the day. Naftali, a *cheider* teacher, said that knowing how to sing is one of the basic skills required of *cheider* teachers. He added that much emphasis is placed on how music is used within the boundaries of the *cheider*, how to create a calm atmosphere or a more energetic one, what songs to teach and at what age, etc.

The music that children absorb in this environment is therefore emotionally connected to the most basic foundations of religion and culture, to the value of learning, to the understanding of what is allowed and what is not, to the authority of the teacher and to being together with peers, singing with them and chanting with them in unison. This environment is the most safeguarded against external influences and therefore the music is carefully chosen to include only the traditional and the conventional.

Communal environment

This environment includes times and places when the boy is engulfed by his community, which includes much more than his close family. The ultra-religious sector, more than other sectors, is comprised of many such communities, which share common dress codes, key figures, and collective stories and histories. The community, whose boundaries are not formally defined, meets at celebrations (e.g. weddings, funerals and other events) and for prayers at the synagogue.

i. Synagogue. Men pray at a synagogue three times a day. However, the more pronounced prayers take place on *Shabbat*, during the holidays, and especially during the high holidays. Young boys attend these prayers with their fathers and they wander in and out of the synagogue. Most of the time the boys are receptive to the music and they will become more active partners in the prayers as they approach their *Bar-Mitzvah*⁹ at the age of 13. Nonetheless, being exposed to the sound of the synagogue, during *Shabbat*, holidays and high holidays, engraves these tunes deep in the hearts of the boys. In certain communities there are designated places in the prayers when the young boys take an active role, such as the custom in one community to gather the children at the end of the prayer to yell "*umein*" together (the Yiddish pronunciation of the word 'Amen') at the ends of the verses of the *Kaddish* prayer. In other more central synagogues where choirs accompany the prayers, boys will join the choir to add to the pathos of the prayer. The message to the boys is that they are welcome in this environment and that they are expected to be an active part of it in the future. The music in this environment is gradually engraved within the boys and it represents their communal identity.

ii. Weddings and events. Many weddings, Bar-Mitzvahs, and circumcision events¹⁰ take place in ultra-religious society. Children are not usually invited to these celebrations unless they are part of the close family. At weddings, it is customary that children only stay for the first part of the wedding when the actual wedding ceremony takes place, but are then sent home. For this reason, children consider attending these events a real treat and a memorable event. The music at the wedding is

usually subdued at the beginning, including customary *nigunim* specifically designated for weddings. However, once the wedding ceremony is over, louder, more energetic music, a mix of traditional tunes and Hassidic pop is played to accompany enthusiastic dancing. Children who are still around at this stage take an active part in the dancing. Yehudit Shikman stressed that "at a wedding the children have an opportunity to dance, to see the musicians and the real instruments from up close". Rabbi Alter suggests that for the children this is considered one of the greatest forms of entertainment, considering that they are not exposed to TV shows and theatre. There are other events throughout the year where there is energetic music and enthusiastic dancing, such as *Simhat beit hashoeva* and *hilulat lag ba'omer*. Boys take an active part in these festivities, in the dancing and in the singing.

DISCUSSION

The goals of the present study were to discover, as much as possible, what the musical repertoire of ultra-religious boys up to the age of seven includes and in what environments they are exposed to this music. Through this we could understand the musical world of ultra-religious boys and how music is emotionally intertwined in their lives. Such information could then help us be better music therapists with this population.

Figure 1 provides an integrative summary of the musical genres and sub-genres that were found in this study to be typical to ultra-religious boys. The genres are located in the environments in which they are relevant. This graphical layout enables an understanding of how each environment includes different types of music, and how each environment plays a unique, sometimes conjoint role in the musical life of ultra-religious children. The home environment is mostly about providing parental warmth, the security of routine and the particular identity of the family. The educational environment provides the basic fundamentals of the child's culture and religion which includes obedience to the code of rules and to the authority of the Rabbi, the obligation to pray and to study the *Torah*. The educational environment also provides the foundation for social life and for bonding with the peer group. The communal environment provides group identity and the sense of belonging to a larger entity, to knowing its unique customs, its celebrations, festivities and holidays throughout the year.

⁹ A celebration of the boys' thirteenth birthday in which, according to the Jewish tradition, one becomes responsible for his (good or bad) doings.

¹⁰ Boys are circumcised at the age of eight days. This is usually done in a public event and followed by a festive meal.

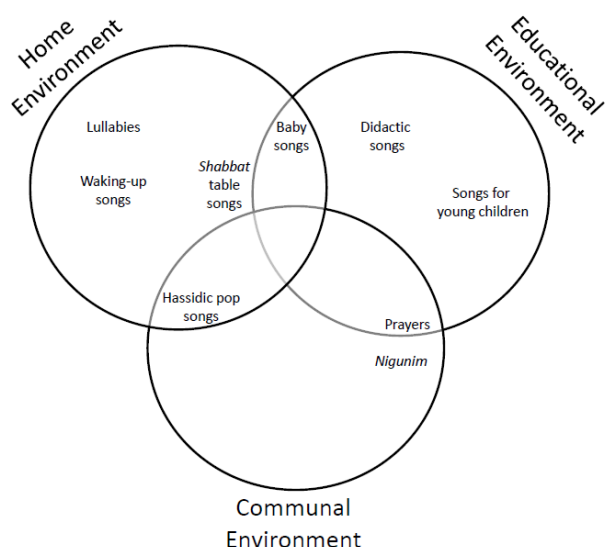


Figure 1: An integrative summary of the musical genres and sub-genres of ultra-religious boys in relation to the environments they are played in

Lullabies, didactic songs or other musical genres as an instrument to convey a cultural tradition, are not necessarily unique to the ultra-religious society. This can be found in various traditions worldwide such as the musical world of children in North India (Sarrazin 2013), in Gambia (Huisman-Koops 2013) and in South Africa (Emberly 2013). Nonetheless, we think that music for Jewish ultra-religious children is different. While according to Emberly, there is in addition to the adult-driven music (by community leaders, teachers, etc.) a factor of self-made, autonomic children-to-children music making factor, ultra-religious children are entirely receptive to musical enculturation. They are not expected to convey or to teach their tradition, but to receive it from the adult, to experience and to digest it. Though it seems that the children enjoy this music, they are less aware of its ways in marking their religious, cultural and communal boundaries and determining what is allowed and what is forbidden. As adults, these children will have the role of taking all their absorbed tradition, and conveying it to the next generation, including through music.

Given that the child is receptive to music and to its enculturating influences, from the adult viewpoint, music therapists might have an impact on children, depending on what music they play during sessions. Indeed, throughout the years we have been practising, we have encountered the concerns of teachers and parents when their children begin music therapy. They frequently ask "what music are you going to put on?" and "do you know our music?" implying that they want to be sure that their children will not be exposed to forbidden music which might have a negative

impact on their enculturation. At times parents are quite direct about this asserting that: "remember that our music includes holy songs only" or "be aware that we don't want our son to be exposed to 'hollow' music". Interestingly, this does not apply so directly to other, more active modes of music therapy such as improvisation. For many of these boys (and their teachers and parents), the idea that anyone can play, that anyone can produce sounds and that this will be given time and space, dignity and understanding, is unfamiliar. It is therefore not perceived as being potentially prohibited by the religious code. Given this, we find that improvisation, the mere idea of playing freely with no constraints, is in itself a wonderful medium for many ultra-religious boys to examine, to fantasise, and to express themselves.

IMPLICATIONS FOR MUSIC THERAPY

Our findings have several implications for music therapists working with ultra-religious boys. Firstly, as we mentioned above, this study shows how central, prevalent, and powerful music is in the lives of ultra-religious boys. Indeed, our experience has shown us that many ultra-religious boys are highly drawn to our music rooms, in comparison to children from other sectors who find the room less appealing or are even intimidated by the fact that music therapy is only for 'disturbed' children. The deep connection that we find between many ultra-religious boys and music is a great advantage. Most of the children that we see in the music therapy room are not usually diagnosed with severe pathologies; they are what their parents and teachers define as 'normal children with emotional problems' and indeed many of them are not (yet) psychologically or psychiatrically diagnosed. The fact that they are attracted to music is therefore even more important. Music therapy is not perceived by them (or by their parents) as a 'treatment', though as the sessions progress it becomes apparent to them how deep this medium is rooted in their emotional world and how much potential it has to help them.

Secondly, music therapists must take careful responsibility when getting acquainted with this music, its many genres and sub-genres, the different environments in which it appears and the emotional implications that all of these have. Different musical genres are related to different environments. Therefore, when an ultra-religious client is involved in a specific musical genre he is indicating to the music therapist what environment

he is placing himself in and perhaps what emotional needs he is seeking. For instance, a child who repeatedly asks for *Shabbat* table songs is indicating a specific atmosphere and a specific emotional need. If, however, he is involved in loud wedding music, he is placing himself in a different environment, which calls for a different emotional focus. Only the music therapist who is aware of these nuances can professionally attend to the child's emotional needs.

Thirdly, it is important that the music therapist is acquainted with the different sub-sectors of the ultra-religious society. Different boys come from different sectors in the ultra-religious society and therefore have different connections to music. It is important for the music therapist to find out about this background so that s/he can better understand the client. In one of the sessions one of us gave, for instance, a boy came in dressed up in his best clothes and with very high spirits. It was so obvious to him why this was a day of celebration that he did not explain it. The music therapist, although acquainted with the ultra-religious world, was not acquainted with the customs of the specific sub-sector that this boy belonged to. A short inquiry revealed that the grandson of the head of his community (the *Rebbe*) was getting married that day and his entire community was planning to celebrate. The session then became one big (musical) party.

The cultural-sensitive approach that we are suggesting here has a great impact on the children. They understand that we, the music therapists, belong to a different cultural world; they understand that at first we do not understand them. Therefore, any attempt by the music therapist to get acquainted is perceived as an attempt to get closer, to respect their world. If the music therapist already knows some of the music that 'belongs' to these children, and presents it, it is usually perceived as a pleasant surprise. It can enhance the rapport between the client and the music therapist.

LIMITATIONS AND FUTURE RESEARCH

This study was conducted in the limited time and space of a single research project. The ultra-religious society, however, is vast, complex and heterogeneous and it is beyond the scope of any single study to encompass all of the musical styles in all of the sectors of this society. In the present study we did our best to get as broad a picture as possible of this phenomenon but additional studies are needed to complete the task. After asking

adults about children's music, it is pertinent to see and to hear what the children themselves do with music and to see what they think it means to them. In this respect, it is important to focus on the musical world of boys from different ultra-religious sections, each of which has different musical heritages that might influence the musical education that the boys receive.

An additional limitation of this study was that we, as researchers, had an outsider's perspective and this naturally affected the ways we gathered, understood and interpreted the data. Even if we had the opportunity to get to know better parts of this sector (i.e. by becoming acquainted with music genres and musical environments) and even if some of our perspectives have changed (i.e. we understand more deeply how music is connected to the emotional infrastructure of the ultra-religious boy), we still cannot consider ourselves as ultra-religious. Hence our perspective is that of outsiders. Although insiders were interviewed as part of the study and consulted regarding the findings, the organisation of the data, the analyses and interpretation were conducted by us. It is therefore advisable that in future studies, ultra-religious people, perhaps music therapists, take part as researchers and provide a different, 'insider' perspective on the phenomena.

Other information about the musical world of ultra-religious children still awaits further research. For one, it is important to know about the emotional and social roles of music in the lives of ultra-religious adolescents. As was inferred in our description of Hassidic pop music, there is a conflict between some of this music and the ultra-religious mainstream. This and other music that ultra-religious adolescents are exposed to might turn out to be important in understanding their inner world, and in identifying typical conflicts that they, like many other adolescents, have with the world of adults. A second direction of inquiry would be to study the musical world of ultra-religious girls. As mentioned before, the educational tracks of boys and girls in the ultra-religious society are mostly separated and in any case extremely different. It is important to know what genres and sub-genres the girls are exposed to and what environments are relevant to them. Through such an inquiry it would be possible to see what roles music plays in the world of these girls and consequently to improve music therapy with them. Such a study will need to be conducted by a woman who will have access to environments that are designated for women only, so that she could comfortably interview mothers and female educators, and hear their authentic

singing and incantation.

On a more general note, we believe that the idea that music therapists can adopt an ethnographic approach and that this can benefit our field was successfully demonstrated in this study. We hope that this idea is implemented more in the future and that the connections between the fields are strengthened for the benefit of all.

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APPENDIX 1

1. Please tell us about yourself in general.
2. Please tell us about your childhood. (Where did you grow up? Where did you learn? Where and what did you play? Any significant experiences in childhood?)
3. Are you acquainted with the term 'children's songs'? Which children's songs do you know?
4. Did your parents sing to you? If yes – could you give examples (preferably sing them).
5. Did these songs influence you in any way? Back then as a child, today as an adult?
6. To the best of your knowledge, what music are children exposed to today? Is this any different to what you were exposed to as a child? Could you please give examples?
7. Do you sing to your children? In what situations?
8. Do people other than you sing to your children in any other situations?
9. In your opinion, what are the roles that music plays in children's lives? Does it contribute anything to their emotional/educational environment?

APPENDIX 2: LIST OF TRACKS

Track 1: We sit here together / Ariela Savir

<https://www.youtube.com/watch?v=yoAtAMqcBol&feature=youtu.be>

Track 2: Akiva goes his way/Yehudit Shikman

<https://www.youtube.com/watch?v=8F84UriYymQ>

Track 3: A Lullaby/Ariela Savir

<https://www.youtube.com/watch?v=S5nKfLuVwus&feature=youtu.be>

Track 4: A Shabbat table song

https://www.youtube.com/watch?v=HpEk_ODNluE&spfreload=10

Track 5: A *Nigun*

<https://www.youtube.com/watch?v=YI6DOBZUBJo&spfreload=10>

Track 6: The Canopy *Nigun*/ piano: Avishai Borovsky

<https://www.youtube.com/watch?v=9RwTaOKSPcK&spfreload=10>

Track 7: "Ki Hirbeiso"/ Avraham Fried

<https://www.youtube.com/watch?v=gFosdm5-BuQ&spfreload=10>

Track 8: the "Kinderlach"

<https://www.youtube.com/watch?v=ix7hMGN1SL0&list=PLLF7W7Kfoc5zLAHEorB5S7QqalcJSZrYh&spfreload=10>

Track 9: Va'Ani Be'rov Hasdecha/ Yakov Shweki

<https://www.youtube.com/watch?v=w3EtlVaiZyo&feature=youtu.be>

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Η μουσική ως θεραπεία στην ελληνική αρχαιότητα

Ειρήνη Νικολάου

ΠΕΡΙΛΗΨΗ

Η παρούσα μελέτη αναφέρεται στη θέση που είχε η μουσική ως θεραπεία στην ελληνική αρχαιότητα εξεταζόμενη μέσα από τις θέσεις φιλοσόφων και συγγραφέων. Από τους αρχαίους χρόνους (3000 π.Χ.) υπάρχουν μαρτυρίες για την αντιμετώπιση της μουσικής ως μέσου θεραπείας μέσω του εξαγνισμού που προσφέρει στην ψυχή και στο σώμα. Τις πιο σημαντικές πληροφορίες τις αντλούμε από τα κείμενα φιλοσόφων, όπως ο Πυθαγόρας, ο Πλάτων, ο Αριστοτέλης, αλλά και συγγραφέων που αντιμετώπισαν τη μουσική υπό το πρίσμα της φιλοσοφίας, όπως ο Αριστείδης Κοϊντιλιανός, από το έργο του Πορφύριου και του Ιάμβλιχου, καθώς και άλλων φιλοσόφων και συγγραφέων. Αναδεικνύεται έτσι η περίοπτη θέση της μουσικής στην αρχαιότητα ως μέσου θεραπείας της ψυχικής διαταραχής, ως μέσου πνευματικής και σωματικής ευεξίας καθώς και έκφρασης ψυχικών καταστάσεων που αποτυπώνονται αλλά και αποδίδονται σε αυτή, θέσεις οι οποίες παραμένουν επίκαιρες ακόμη και σήμερα για θέματα που αφορούν την επίδραση της μουσικής στον ανθρώπινο ψυχισμό.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ελληνική αρχαιότητα, μουσική, θεραπεία, φιλοσοφία, Πυθαγόρας, Αριστοτέλης, Πλάτων, Αριστείδης Κοϊντιλιανός

Η **Δρ. Ειρήνη Νικολάου** είναι απόφοιτος του Τμήματος Μουσικών Σπουδών του Εθνικού Καποδιστριακού Πανεπιστημίου Αθηνών (1998). Κατέχει μεταπτυχιακό δίπλωμα («Η μουσική εκπαίδευση στη θεώρηση του Αριστοτέλη») και διδακτορικό δίπλωμα («Οι φιλοσοφικές και παιδαγωγικές διαστάσεις της μουσικής σύμφωνα με τον Αριστείδη Κοϊντιλιανό») από το Τμήμα Φ.Π.Ψ. του Πανεπιστημίου Ιωαννίνων. Επιπλέον είναι διπλωματούχος σολίστ πιάνου και σύνθεσης, βραβευμένη αντιστοίχως με το Α' και Β' βραβείο. Από το 2002 εργάζεται ως Ειδικό Εκπαιδευτικό Προσωπικό (ΕΕΠ) στο Παιδαγωγικό Τμήμα Δ.Ε. του Πανεπιστημίου Ιωαννίνων, με αντικείμενο τη μουσική διδασκαλία και τη διεύθυνση της Χορωδίας του Τμήματος. Τα ερευνητικά της ενδιαφέροντα επικεντρώνονται στη μουσική παιδαγωγική, στη φιλοσοφία και στην αρχαία ελληνική μουσική.

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ΕΙΣΑΓΩΓΗ

Σκοπός αυτού του άρθρου είναι η ανάδειξη του ρόλου της μουσικής ως θεραπείας στην ελληνική αρχαιότητα μέσα από τη μελέτη των αρχαίων πηγών. Για μια κατά το δυνατόν καλύτερα τεκμηριωμένη παρουσίαση των θέσεων αυτών

κρίθηκε σκόπιμο να μελετηθούν χωρία από έργα αρχαίων φιλοσόφων και συγγραφέων. Επιπλέον επιχειρήθηκε η ερμηνευτική προσέγγιση της θεματικής με βάση τους εννοιολογικούς άξονες, οι οποίοι αποτελούν και τις επιμέρους ενότητες της παρούσας μελέτης. Ο γενικός τίτλος του άρθρου

δηλώνει την πρόθεση να επικεντρωθεί η προσοχή μας στην ανάδειξη της σχέσης της μουσικής με τη θεραπεία στην ελληνική αρχαιότητα. Οι ανάγκες της παρούσας μελέτης επέβαλαν τη διάρθρωση της εργασίας σε εισαγωγή, δύο επιμέρους ενότητες και επίλογο. Στην πρώτη ενότητα που φέρει τον τίτλο «Η εποχή των μύθων» υποστηρίζεται ότι η μουσική ως θεραπευτικό μέσο εκφράστηκε αρχικά μέσα από τους μύθους και στη συνέχεια στις «Απόψεις των ελλήνων φιλοσόφων και συγγραφέων», που αποτελεί και τη δεύτερη ενότητα της παρούσας εργασίας. Στη δεύτερη αυτή ενότητα, που είναι και η πιο εκτεταμένη του άρθρου, μέσα από τις θέσεις των Πυθαγορείων, του Πλάτωνα, του Αριστοτέλη, του Αριστείδη Κοϊντιλιανού, αλλά και απόψεων άλλων ποιητών, φιλοσόφων και συγγραφέων που αντιμετώπιζαν το θέμα σε ένα ευρύτερο πλαίσιο, αναδεικνύεται το γεγονός ότι στην αρχαία ελληνική σκέψη, σε αντίθεση με άλλους πολιτισμούς, η θεώρηση της μουσικής ως θεραπείας ήταν απαλλαγμένη από τη μαγεία και την εμπειρική γνώση, και αποτελούσε απαραίτητη προϋπόθεση για την ψυχική και πνευματική ολοκλήρωση του πολίτη.

Στη σύγχρονη εποχή ο θεραπευτικός ρόλος και οι ιδιότητες της μουσικής αποτελούν το αντικείμενο ενός συνόλου επιστημονικών και επαγγελματικών πεδίων που εμπíπτουν στον ευρύτερο χώρο της μουσικής και της υγείας (βλ. Bonde 2011- MacDonald, Kreutz & Mitchell 2012). Η μουσικοθεραπεία και η μουσική ιατρική αποτελούν δύο χαρακτηριστικά παραδείγματα τέτοιων πεδίων τα οποία έχουν γνωρίσει σημαντική άνθιση διεθνώς και έχουν οδηγήσει στην εδραίωση ακαδημαϊκών προγραμμάτων σπουδών και εξειδίκευσης που βασίζονται σε ένα εύρος ερευνητικών δεδομένων. Η θεραπευτική χρήση της μουσικής ωστόσο παρατηρείται σε ένα μεγάλο φάσμα των αρχαίων πολιτισμών. Οι αρχαίοι Έλληνες όπως και άλλοι λαοί είχαν αντιληφθεί ότι:

«η μουσική βρίσκεται σε σχέση αμοιβαιότητας με ψυχικές καταστάσεις [...] [και] [...] ότι συγκεκριμένα είδη μουσικής προκαλούν συγκεκριμένα πάθη αλλά και αντίστροφα ότι ψυχικές διαθέσεις αναζητούν την έκφρασή τους στη μουσική και μπορούν να αποδοθούν πάλι με μουσική» (Neubeker 1986: 135).

Αυτή η επίδραση της μουσικής θα μπορούσε σε γενικές γραμμές να αποδοθεί στις «εγγενείς μουσικές της ιδιότητες» (West 1999: 44), στις διαφορετικές δηλαδή επιδράσεις των αρμονιών και των ρυθμών στην ανθρώπινη ψυχή.

Η χρήση της μουσικής ως θεραπείας ήταν διαδεδομένη στους αρχαίους πολιτισμούς χιλιάδες

χρόνια πριν. Την εποχή αυτή η θεραπευτική χρήση της μουσικής ήταν συνδεδεμένη με τη μαγεία (Ιωαννίδης 1973· Ντζιούνη 2009). Σχετιζόταν με δεισιδαιμονίες, με εξορκισμούς κακών πνευμάτων, στα οποία οφειλόταν η ασθένεια, με σκοπό την πνευματική και σωματική ευεξία, καθώς οι ασθένειες αποτελούσαν κάποιο μυστήριο το οποίο ζητούσε επίλυση (McClellan 1991). Η μουσική ήταν εργαλείο για την καταπολέμηση των σωματικών και ψυχικών ασθενειών κυρίως στα χέρια σαμάνων ή μάγων (Tigerstedt 1970· West 1999). Στις ινδιάνικες φυλές ο σαμάνος χρησιμοποιούσε τη μουσική για να επιτύχει σωματική και πνευματική συγκέντρωση, να τονώσει τη θέληση του ασθενούς για ανάρρωση και να επιτύχει σωματική ευεξία. Τα κύρια χαρακτηριστικά της σαμανιστικής θεραπευτικής μουσικής ήταν «η ανομοιογένεια στον τονισμό και οι απροσδόκητες αλλαγές τού κατά τα άλλα σταθερού ρυθμού [...]. Ο ρυθμός ασκεί έλξη στον ασθενή και πιθανόν να έχει υπνωτιστικά αποτελέσματα» (McClellan 1991: 108). Μια ανάλογη μουσική θεραπεία που βασίζεται στο ρυθμό και τις δονήσεις βρίσκουμε με την ονομασία «orenda» που σημαίνει «φάρμακο» στη φυλή των Ινδιάνων Parago, που έχει μελετηθεί από τους εθνομουσικολόγους (Densmore 1927). Οι σαμανιστικές παραδόσεις επιβιώνουν μέχρι τις μέρες μας στις ινδιάνικες φυλές της Βόρειας και Νότιας Αμερικής, στις περιοχές της Αρκτικής, στη Γροιλανδία, στη Σιβηρία, στη Βόρεια Σκανδιναβία, στην Αφρική, στην Αυστραλία και στα νησιά του Νοτίου Ειρηνικού (McClellan 1991).

Αρχαίοι πολιτισμοί όπως των Βαβυλωνίων, των Σουμερίων, των Περσών, των Ινδών, των Κινέζων, των Αιγυπτίων, των Ισραηλινών χρησιμοποιούσαν τη μουσική στη θεραπεία τους. Στους Σουμερίους (3000 π.Χ.) και στους Αιγύπτιους υπάρχουν μαρτυρίες για μαγικές επωδούς, για παιάνες και εξαγνιστικά άσματα (West 1999). Οι επωδές ήταν μαγικές ωδές που οι άνθρωποι απήγγειλαν ή τραγουδούσαν για να γοητεύσουν ή να θεραπεύσουν και να καταπραΰνουν τους σωματικούς πόνους (Μιχαηλίδης 1989). Στους *Νόμους* (I, 903 b) του Πλάτωνα αναφέρεται σχετικά ότι λέγει «ὄρθως: ἐπωδῶν γε μὴν προσδεῖσθαί μοι δοκεῖ μύθων ἔτι τινῶν».

Κατά τον Πλάτωνα οι Αιγύπτιοι απέδιδαν τις μελωδίες τους στη θεά Ίσιδα και ο σκοπός τους ήταν μέσω της χρήσης των μελωδιών να εξαγνίσουν τις ανθρώπινες ψυχές (McClellan 1991). Στην Παλαιά Διαθήκη εντοπίζονται κείμενα που συνδέουν τη μουσική με τη θεραπεία. Αρκεί να αναφερθεί η άρπα του Δαυίδ, που κατάφερε να γιατρέψει από μόνη της το βασιλιά Σαούλ από την κατάθλιψη (Hammond 2005-2006· Καρτασίδου

2004· West 1999).

Η ΕΠΟΧΗ ΤΩΝ ΜΥΘΩΝ

Αντιλήψεις για τον θεραπευτικό ρόλο της μουσικής εκφράζονται αρχικά μέσω της μυθολογίας. Από τον Όμηρο μέχρι τον Πυθαγόρα υπάρχει πληθώρα μύθων που αναφέρονται στη θεραπευτική της επίδραση. Ο Απόλλων θεωρούνταν ο εκφραστής της απόλυτης αρμονίας ψυχής και σώματος. Ήταν ο θεός της ποίησης, της μουσικής και του χορού, ο προστάτης της μαντικής και της ιατρικής τέχνης. Οι ναοί που ήταν αφιερωμένοι στο γιο του, τον Ασκληπιό, αποτελούσαν τόπους εφαρμογής θεραπευτικών μεθόδων των τεχνών (McClellan 1991). Ο μύθος επίσης του Ορφέα (*Πλάτων Πολιτεία* 363 c-d, *Πρωταγόρας* 315 a-b, Κλήμης Αλεξανδρείας *Προτρεπτικός* I, 3-5), του ακολούθου του Απόλλωνα, σχετικά με τη μουσική εκφράζει τον ηθικό αλλά και θεραπευτικό ρόλο που διαδραμάτιζε η μουσική στη ζωή των Ελλήνων (Boyancé 1993), καθώς και τη θετική ή αρνητική επίδραση που είχε η μουσική στην ανθρώπινη συμπεριφορά (Hammond 2005-2006· Κακριδής 1986-1987· Linton 1999).

ΟΙ ΑΠΟΨΕΙΣ ΤΩΝ ΕΛΛΗΝΩΝ ΦΙΛΟΣΟΦΩΝ ΚΑΙ ΣΥΓΓΡΑΦΕΩΝ ΓΙΑ ΤΗ ΜΟΥΣΙΚΗ ΩΣ ΘΕΡΑΠΕΥΤΙΚΟ ΜΕΣΟ

Σε αντίθεση με άλλους πολιτισμούς όπου η χρήση της μουσικής συνδεόταν με τις δεισιδαιμονίες και την εμπειρική γνώση, στην αρχαία Ελλάδα η χρήση της μουσικής ως μέσου θεραπείας συστηματοποιήθηκε και η μουσική έγινε μέσον αγωγής ψυχής και σώματος. Ακόμα και αφηγήσεις περιστατικών που συγχέονται με μύθους, κρύβουν μέσα τους αλήθειες για τη θεραπευτική δύναμη της μουσικής, αλήθειες που, βέβαια, την εποχή εκείνη δεν υπήρχε η δυνατότητα να ερμηνευθούν, να επαληθευτούν με πειράματα· «προέβλεψαν», όμως, όλο το εύρος της μελλοντικής επιστήμης και το φάσμα των ποικίλων εφαρμογών της.

Οι θέσεις των Πυθαγορείων

Οι πιο σημαντικές πληροφορίες για τη μουσική ως θεραπεία λαμβάνονται μέσα από τα γραπτά των φιλοσόφων. Η σχέση της μουσικής με την ψυχή του ανθρώπου και η καλλιέργεια της ψυχής μέσω της μουσικής παρουσιάζεται αρχικά στις θεωρίες των Πυθαγορείων (Kirk, Raven & Schofield 1988). Η σχέση που φαίνεται να συνδέει τους Πυθαγόρειους

με τη μουσική είναι κάτι παραπάνω από ένα απλό ενδιαφέρον για την ίδια την τέχνη της μουσικής. Ο Μουτσόπουλος (2010: 209) επισημαίνει ότι «ο πυθαγορισμός έχει ως πηγή του τον ορφισμό¹, ο οποίος ορφισμός απετέλεσε έκφραση της μαγικής διανοήσεως που συνοδεύονταν από δοξασίες εκδηλούμενες συχνά με την αληθή λατρεία της μουσικής». Ο Πυθαγόρας λέγεται ότι χρησιμοποιούσε επωδούς και μάγια, αλλά και μουσική με σκοπό τη θεραπεία των ασθενών (Πορφύριος *Πυθαγόρου Βίος* 30, 33, *Ίάμβλιχος Περι του Πυθαγορικού βίου* 64, 164). Ο ίδιος συνήθιζε να τραγουδά παιάνες του Θαλή με συνοδεία λύρας για να μεταδώσει την ηρεμία, καθώς και άλλα τραγούδια για τη θεραπεία σωματικών ασθενειών (Πορφύριος *Πυθαγόρου Βίος* 32, 33, *Ίάμβλιχος Περι του Πυθαγορικού βίου* 110, 111). Ο Πλούταρχος (*Περι Ίσιδος και Όσιριδος* 384 a 2-5), επίσης αναφέρει ότι οι Πυθαγόρειοι χρησιμοποιούσαν το παίξιμο της λύρας πριν τον ύπνο για να θεραπεύσουν «τὸ ἔμπαθές καὶ ἄλογον» μέρος της ψυχής.

Επιπλέον οι Πυθαγόρειοι είναι οι πρώτοι που διατύπωσαν τη θεωρία της κάθαρσης της ψυχής μέσω της μουσικής, καθώς θεωρούσαν ορισμένες ειδικές μελωδίες κατάλληλες για την αποκατάσταση ή τη σωστή διοχέτευση διαφόρων παθών ή θυμικών καταστάσεων (Ιωαννίδης 1973). Για αυτούς η μουσική αποτελούσε μοναδικής αξίας παιδευτικό και θεραπευτικό μέσο, με απεριόριστες ηθικοπλαστικές και ψυχοθεραπευτικές ιδιότητες (Taylor 2000). Από αυτές τις θεωρίες είχαν επηρεασθεί, ο Πλάτων ο Ποσειδώνιος (2ος/1ος αιώνας π.Χ.), αλλά και ο Αριστείδης Κοϊντιλιανός (Rama 1992).

Οι θέσεις του Πλάτωνα

Ο Πλάτων θεωρούσε τη μουσική απαραίτητη για να γίνουν οι νέοι «ήρεμώτεροι», «εύρυθμότεροι» και «εὐαρμοστότεροι» (*Πρωταγόρας* 326 b). Ερμηνεύοντας τον Πλάτωνα ο Αμαργιανάκης (1996:15) επισημαίνει ότι οι νέοι λαμβάνοντας μέσω της μουσικής την αίσθηση «των αναλογιών, της συμμετρίας, της ευταξίας και της κομψότητας αποκτούν αρμονικό χαρακτήρα, που τους βοηθά να γίνουν πιο προσαρμοστικοί στην κοινωνία». Ο Πλάτων στον *Τίμαιο* (47 d-e) παρουσιάζει την επανορθωτική δύναμη που μπορεί να έχει η μουσική στην ψυχή μας. Εκεί αναφέρεται ότι η μουσική, που χρησιμοποιεί τον ακουστό ήχο, δόθηκε προς χάριν της «ἀρμονίας». Και η

¹ Για τον Ορφισμό, βλ. Guthrie (2000) και Harap (1993).

«άρμονία», που έχει κινήσεις που συγγενεύουν με τις περιστροφές της ψυχής μέσα μας, δόθηκε από τις Μούσες σε εκείνον που τις χρησιμοποιεί με έξυπνο τρόπο, όχι ως βοήθεια στην «άλογον ήδονην», αλλά ως βοηθητική στην εσωτερική περιστροφή της ψυχής, όταν έχει χάσει την αρμονία της, για να τη βοηθήσει στην επανόρθωσή της, στην τάξη δηλαδή και στη συμφωνία με τον εαυτό της. Επιπλέον, εξαιτίας του ότι οι περισσότεροι άνθρωποι έχουν μια χωρίς μέτρο και χάρη διάθεση, δόθηκε σε αυτούς από τις ίδιες θεότητες ο ρυθμός ως «έπίκουρος», για την αποκατάσταση της εσωτερικής αρμονίας.

Ο Πλάτων επιπλέον τονίζει την καθαρική λειτουργία της μουσικής μέσω της λύτρωσης της ψυχής από τα άσχημα πράγματα. Μαρτυρίες για αυτήν τη λειτουργία της μουσικής έχουμε από τους μυθικούς χρόνους. Ο Διόνυσος ήταν ο θεός στον οποίο αποδίδονταν τα αγαθά της μανίας, της κατάστασης δηλαδή εκείνης η οποία μπορεί να οδηγήσει σε αυτό που οι αρχαίοι Έλληνες ονόμαζαν κάθαρση, με την ψυχολογική σημασία του όρου και στην οποία η μουσική και ο χορός είχαν πρωταρχική σημασία (Παπαδοπούλου 2003· Rouget 1980). Ο Πλάτων διακρίνει δύο είδη μανίας (*Φαίδρος* 244 b-245 a, 265 a), το ένα οφείλεται σε ασθένεια, ενώ το άλλο σε θεϊκή παρέμβαση, που μπορεί να βγάλει τον άνθρωπο από τα συνηθισμένα πλαίσια (Dodds 1977). Στη δεύτερη κατηγορία διακρίνει τέσσερα επιμέρους είδη μανίας: τη «μαντικήν» που οφείλεται στον Απόλλωνα, την «ποιητικήν» που οφείλεται στις Μούσες, την «έρωτικήν» που οφείλεται στον έρωτα και την Αφροδίτη και την «τελεστικήν» που οφείλεται στον Διόνυσο (*Φαίδρος* 265 b, *Ίων* 534 b).

Ο Πλάτωνας θεωρεί νοσηρή την «τελεστικήν» μανία, αν και έχει θεϊκή προέλευση, και θεωρεί ότι η μουσική και ο χορός, που διαδραματίζουν στην μανία αυτή πρωταρχικό ρόλο, μπορούν να τη θεραπεύσουν. Όταν η διονυσιακή λατρεία ενσωματώθηκε στην αστική θρησκεία, η θεραπεία τέτοιου είδους ασθενειών πέρασε στους Κορυβαντες. Ο Πλάτων χρησιμοποιεί τον όρο «κορυβαντιώντες» για να αναφερθεί σε άτομα διακατεχόμενα από κάποιον θεό. Στον διάλογο *Ίων* (536 b-c) αναφέρει ότι οι «κορυβαντιώντες» αντιλαμβάνονται με ευκολία μόνο τη μελωδία του θεού από τον οποίο διακατέχονται, και βρίσκουν χωρίς κόπο τις κατάλληλες κινήσεις και τα κατάλληλα λόγια που ταιριάζουν σε αυτή. Ουσιαστικά η μουσική εδώ λειτουργεί ως διάγνωση και ταυτόχρονα ως θεραπεία της ψυχικής διαταραχής. Επομένως οι κινήσεις των «κορυβαντιώντων» (*Νόμοι* 790 d 6) δεν πρέπει να θεωρηθούν συμπτώματα ασθένειας, αλλά φάρμακα

της (Dodds 1977· Παπαδοπούλου 2003). Ο Πλάτων επισημαίνει επίσης στους *Νόμους* τη θεραπευτική λειτουργία της κίνησης. Ακόμη και όταν οι μητέρες θέλουν να κοιμίσουν τα παιδιά τους δεν τα αφήνουν στην ησυχία τους, αλλά αντιθέτως τα κουνάνε μέσα στην αγκαλιά τους. Μάλιστα ορισμένες φορές ξεκουφάνουν τα μωρά τους «καθαπερεί τῶν ἐκφρόνων βακχειῶν», χρησιμοποιώντας ως θεραπευτικό μέσο την κίνηση αυτή «χορεία καὶ μούση χρώμεναι» (*Νόμοι* 790 d 6-e 4). Όπως ορθά επισημαίνεται από τον Ράππη (2008), στις περιπτώσεις των τελετών των Κορυβάντων, καθώς και στις περιπτώσεις των νανουρισμάτων, όπου εμπλέκεται η κίνηση και το τραγούδι, μπορεί να εντοπισθεί η ομοιοπαθητική δράση της μουσικής, η οποία βοηθά στην ψυχοσωματική θεραπεία των ενηλίκων από τη μία μεριά και στην ψυχοσωματική ηρεμία του παιδιού, μέσω του ύπνου, από την άλλη.

Θα πρέπει να επισημανθεί ότι ο Πλάτων στην *Πολιτεία* (398 c-e) καθορίζει τις κατάλληλες μελωδίες και αρμονίες για τη βελτίωση του χαρακτήρα των νέων. Οι αρμονίες που αποδέχεται είναι η δώριος και η φρυγίος (*Πολιτεία* 399 a-c. βλ. και Αριστοτέλης, *Πολιτικά* 1290 a: «ὁμοίως δ' ἔχει καὶ περὶ τὰς ἀρμονίας, ὡς φασὶ τινες καὶ γὰρ ἐκεῖ τίθενται εἶδη δύο, τὴν δωριστὴ καὶ τὴν φρυγιστὴ»). Η απόδοση στις αρμονίες ονομάτων διαφορετικών εθνῶν δήλωνε κατ' ουσίαν τις διαφορές στον χαρακτήρα των ανθρώπων που αντιπροσώπευε η κάθε αρμονία. Η δωρική αρμονία μιμείται την ανδρεία και συνδέεται με τις πολεμικές ασκήσεις. Για το ρόλο της αρμονίας αυτής ο Πλάτων αναφέρεται και στο διάλογο *Λάχης* (188 d), όπου υποστηρίζεται ότι η ζωή του πραγματικού μουσικού, η οποία είναι σύμφωνη με τα λόγια του, είναι εναρμονισμένη όχι με την ιωνική ή τη φρυγική ή τη λυδική αρμονία, αλλά με τη δωρική (βλ. Νικολάου 2010). Από την άλλη μεριά η φρυγική αρμονία «εκφράζει τις δραστηριότητες ενός καλαίσθητου πνεύματος που απολαμβάνει την ευημερία» (Anderson 1968: 101) και συνδέεται με τις ειρηνικές πράξεις. Θα πρέπει να επισημανθεί ότι ο Αριστοτέλης ασκεί κριτική στη θέση του Πλάτωνα για την αποδοχή της φρυγικής αρμονίας. Ο λόγος είναι ότι η αρμονία αυτή συνδέεται με τον αυλό, τον οποίο ο Πλάτων απορρίπτει από τη μουσική εκπαίδευση (*Πολιτεία* 399 c-e). Κατά τον Αριστοτέλη τόσο ο αυλός όσο και η φρυγική αρμονία, έχουν χαρακτήρα «ὀργιαστικὸν» και «παθητικὸν» (*Πολιτικά* 1341 a 21), για αυτό και ο αυλός (*Πολιτικά* 1342 a 32-1342 b 3) ως ὄργανο δε γίνεται αποδεκτός από την εκπαίδευση των νέων (βλ. σχετικά Καϊμάκης 2005).

Τέλος δε θα πρέπει να ξεχνούμε ότι ο Πλάτων

δίδει και πολιτική διάσταση στο θέμα της μουσικής παιδείας συμφωνώντας με την άποψη του Δάμωνα ότι «ουδαμού [...] κινούνται μουσικής τρόποι άνευ πολιτικῶν νόμων τῶν μεγίστων» (*Πολιτεία* 424 c), καθώς έβλεπε τη μουσική ως παράγοντα που μπορεί να συμβάλλει στην κοινωνική αρμονία και συνοχή μέσω της ψυχικής και σωματικής ευεξίας που οι πολίτες λάμβαναν από αυτή. Όπως εύστοχα παρατηρεί ο Small (1983: 295) «η τέχνη, η εκπαίδευση κι η κοινωνία βρίσκονται σε αλληλεξάρτηση, έτσι ώστε κάθε αλλαγή σ' ένα από τα τρία αυτά μεγέθη αντιστοιχεί σε αλλαγές στα υπόλοιπα δύο» (βλ. και Νικολάου 2006).

Οι θέσεις του Αριστοτέλη

Ο Αριστοτέλης κάνει επίσης λόγο για τη δύναμη της μουσικής να διαμορφώνει την ψυχή. Στα *Πολιτικά* (1340 a 40-b 5) γράφει ότι οι διαφορετικές μελωδίες εγείρουν στους ακροατές διαφορετικά συναισθήματα: «εὐθύς γὰρ ἢ τῶν ἀρμονιῶν διέστηκε φύσις, ὥστε ἀκούοντας ἄλλως διατίθεσθαι καὶ μὴ τὸν αὐτὸν ἔχειν τρόπον πρὸς ἐκάστην αὐτῶν». Μόλις αλλάξει η φύση των αρμονιών, μεταβάλλονται ταυτόχρονα και οι διαθέσεις των ακροατῶν. Σε μια αρμονία με θρηνώδη χαρακτήρα, όπως είναι η μιζολυδική, η ψυχή σφίγγεται. Άλλες μελωδίες μαλακές φέρνουν χαλάρωση στη διάνοια. Ανάμεσα σε αυτές, η μεν δωρική παρέχει γαλήνη, η δε φρυγική αισθήματα ενθουσιασμού (βλ. και Νικολάου 2009).

Ο Αριστοτέλης θεωρεί ότι «ὁ ἐνθουσιασμός τοῦ περὶ τὴν ψυχὴν ἤθους πάθος ἐστίν» (*Πολιτικά* 1340 a 10-11-βλ. και Πλάτων *Συμπόσιο* 215 c) και επεξηγεί ως εξής την ενέργεια της μουσικής κάθαρσης: Κάθε συγκίνηση (ψυχικό πάθος) που κυριεύει με ισχυρό τρόπο κάποιους ανθρώπους υπάρχει σε όλες ανεξαρτήτως τις ψυχές, με τη διαφορά ότι άλλους τους επηρεάζει περισσότερο και άλλους λιγότερο. Ο «ἔλεος», ο «φόβος» και ο «ἐνθουσιασμός» είναι τέτοιου είδους συγκινήσεις. Αυτή είναι μια μορφή κίνησης, από την οποία κάποιοι άνθρωποι έχουν την τάση να κυριεύονται, αφού εκτεθούν σε αυτή. Αυτή η κίνηση είναι δυνατόν να δημιουργηθεί σε κάποιους, όταν ακούσουν τα «ιέρα μέλη», και σε αυτήν την περίπτωση είναι αξιοσημείωτο ότι, όταν αυτοί ακούσουν αυτές τις μελωδίες, δημιουργείται στην ψυχή τους μια οργιαστική επίδραση, σαν να είχαν υποστεί θεραπεία και κάθαρση (*Πολιτικά* 1342 a 5-11). Η διαδικασία χάρη στην οποία τα «ιέρα μέλη» επιδρούν στην ψυχή αυτών που κυριεύονται από τον ενθουσιασμό παρουσιάζει ομοιότητα με την επίδραση ενός καθαρτικού φαρμάκου, το οποίο απομακρύνει τα άσχημα στοιχεία και αφήνει τα

καλά (βλ. και Πλάτων, *Πολιτεία* 567 c 4-7). Κατά τον Dilmeier (1940) (βλ. και Αριστοτέλης, *Προβλήματα* 922 b 19-28, όπου υπάρχει η πιο σημαντική μαρτυρία για τον ρόλο της μουσικής στην τραγωδία) το αποτέλεσμα που επιφέρει στην ψυχή του ανθρώπου η μουσική με τα ιερά και καθαρικά μέλη είναι το ίδιο αποτέλεσμα που επιδιώκεται με την τραγωδία μέσω του ελέου και φόβου, καθώς η ψυχή και στις δύο περιπτώσεις απελευθερώνεται από αυτά τα πάθη. Κατά τον ίδιο, ο ρόλος αυτός της μουσικής έχει ηθικό περιεχόμενο, καθώς απαλλάσσει την ψυχή από την ταραχή που τυχόν νιώθει.

Πολλοί μελετητές έχουν επισημάνει ότι ο Αριστοτέλης είναι ο πρόδρομος της σύγχρονης επιστήμης της μουσικοθεραπείας. Η άποψη αυτή στηρίζεται κυρίως στις θέσεις που παρουσιάζει στα *Πολιτικά* για την κάθαρση και την ευεργετική επίδραση της μουσικής στον άνθρωπο, αφού λειτουργεί ως θεραπεία. Κατά τον W. Kullmann (1996: 8),

«η περίφημη θεωρία περί καθάρσεως, η οποία μνημονεύεται στην Ποιητική, καθώς και στο έβδομο κεφάλαιο του όγδοου βιβλίου των Πολιτικών, συνέβαλε ουσιαστικά, με την ερμηνεία που της έδωσε ο φιλόλογος Jacob Bernays, στην ανάπτυξη της 'καθαρτικής μεθόδου' του Sigmund Freud και του Joseph Breuer, στα τέλη του 19^{ου} αιώνα, η οποία, με την σειρά της, αποτέλεσε τον πυρήνα της σύγχρονης ψυχανάλυσης».

Άλλοι μελετητές λαμβάνοντας υπόψη τις μαρτυρίες του Πορφύριου (3ος αιώνας μ.Χ., *Βίος Πυθαγόρου* 33), και του νεοπλατωνικού Ιάμβλιχου (3ος/4ος αιώνας μ.Χ.) (*Περί τοῦ Πυθαγορικοῦ βίου* 110, 164)² όσον αφορά την ευεργετική και εξανιστική επίδραση του ήχου στην ψυχή του ανθρώπου, θεωρούν τον Πυθαγόρα ως πρόδρομο της σύγχρονης μουσικοθεραπείας (Taylor 2000).

Οι θέσεις του Αριστείδη Κοϊντιλιανού

Στο έργο του Αριστείδη Κοϊντιλιανού (που έζησε πιθανόν μεταξύ 1ου και 3ου αιώνα μ.Χ. στην επικράτεια του Ρωμαϊκού κράτους) παρουσιάζεται

² Ο Ιάμβλιχος αναπτύσσει τις νεοπλατωνικές απόψεις για τη μουσική στο έργο του *Περί Μυστηρίων* 3.9. Το έργο αυτό παρέχει μια μικρή αλλά ενδιαφέρουσα συζήτηση για τη μουσική. Υποστηρίζει ότι ο «ἐνθουσιασμός» που προέρχεται από τη μουσική είναι ένα πάθος στο οποίο δεν εμπλέκεται η θεική συμμετοχή, αλλά περισσότερο βασίζεται στη συγγένεια μεταξύ της μουσικής και της θεικής αρμονίας του σύμπαντος (βλ. και Finney [1947] και Sharples [2005]).

για πρώτη φορά σε γραπτό κείμενο της αρχαιότητας η λεκτική εκδοχή του όρου «μουσική θεραπεία» (*Περὶ μουσικῆς* II. 5: 58. 22). Ανάλογη χρήση του όρου γίνεται στο έργο του Δίωνος Χρυσοστόμου *Λόγοι* (32: 57-58). Στο έργο του Κοϊντιλιανού *Περὶ Μουσικῆς* η ιδιότητα της μουσικής να επηρεάζει τον κάθε άνθρωπο με διαφορετικό τρόπο παρομοιάζεται με ιδιότητες της ιατρικής. Όπως ακριβώς το ίδιο φάρμακο χρησιμοποιείται για το ίδιο είδος πάθησης («πρὸς ἓν ὁμοιότητι πάθος») σε διάφορα σώματα, αλλά δεν λειτουργεί πάντα κατά τον ίδιο τρόπο, και σε συνάρτηση με την ελαφρότητα ή τη σοβαρότητα της κατάστασης θεραπεύει άλλους πιο γρήγορα και άλλους πιο αργά, έτσι και η μουσική αφυπνίζει πιο γρήγορα εκείνους που είναι πιο επιδεκτικοί στην επίδρασή της, αλλά χρειάζεται περισσότερο χρόνο για να αιχμαλωτίσει τους λιγότερο επιδεκτικούς σε αυτήν (*Περὶ μουσικῆς* II. 4: 56. 1- 5). Παρόμοια άποψη διατυπώνει και ο Διογένης ο Βαβυλώνιος σύμφωνα με μαρτυρία που έχουμε για αυτόν από την πολεμική που του ασκεί ο Φιλόδημος (*Περὶ μουσικῆς*, σ. 12, Kemke [=S.V.F., III, Diog. 62]), ο οποίος υποστηρίζει ότι δεν επηρεάζονται όλοι οι άνθρωποι με τον ίδιο τρόπο από το ίδιο τραγούδι («...ἐπεὶ οὐ πάντες ὁμοίως κινηθήσονται πρὸς τῆς αὐτῆς μελωδίας»).

Κατά τον Αριστείδη Κοϊντιλιανό οι μελωδικές συνθέσεις λόγω των διαφοροποιήσεων που έχουν ως προς το «γένος», τα «συστήματα» και τον «τόνο» στον οποίο είναι γραμμένες, αλλά κυρίως ως προς το «ἦθος» που περιέχουν, προκαλούν διαφόρων ειδών συναισθήματα. Αυτά μπορεί να είναι πένθιμα, λυπητερά, διεγερτικά ή ήρεμα (*Περὶ μουσικῆς* I. 12: 30, 8-18· βλ. για το θέμα Ντζιούνη 2012). Κατά τον Κοϊντιλιανό «αἱ ἁρμονίαι» μπορούν να χρησιμοποιηθούν σε κάθε ψυχή για να αποκαλύψουν «τὸ φαῦλον ἦθος» είτε «καθ' ὁμοιότητα» είτε «κατ' ἐναντιότητα» (*Περὶ μουσικῆς* II. 14: 80, 11-13). Το αποτέλεσμα είναι είτε η θεραπεία των άσχημων ηθῶν είτε η αντικατάστασή τους από καλύτερα. Ο Κοϊντιλιανός επιπλέον εγκρίνει για την ηθική εκπαίδευση τη χρήση των αρμονιών που εκφράζουν τη «μεσότητα»³. Αυτές μπορούν να φανούν χρήσιμες στον ακροατή που έχει μονίμως δύστροπη διάθεση, και να επαναφέρουν τη σταθερότητα και την ηρεμία στην ψυχή του (*Περὶ μουσικῆς* II. 14: 80, 14-15). Ο

³ Στη χρήση του όρου «μεσότητα» από τον Κοϊντιλιανό απηχείται η άποψη του Αριστοτέλη (*Ἠθικὰ Νικομάχεια*, 1106 b 16-18, 23-24) για το ότι η ηθική αρετή που σχετίζεται με τα πάθη και τις πράξεις, στα οποία υπάρχει η υπερβολή, η έλλειψη και το μέσον, είναι «μεσότητα» και στοχεύει προς «τὸ μέσον».

Κοϊντιλιανός επιπλέον υποστηρίζει τη σημασία του ενιαίου των θεραπευτικών μέσων ως προϋπόθεση για την επιτυχή δράση τους. Όπως επισημαίνει, κανένα ιατρικό φάρμακο δεν έχει από μόνο του τις φυσικές ιδιότητες να θεραπεύει τα βάσανα του σώματος, αλλά η πλήρης ανάρρωση συντελείται με ένα μείγμα διαφορετικών μέσων (*Περὶ μουσικῆς* I. 12: 30, 20-22). Με τον ίδιο τρόπο η μελωδία από μόνη της συνεισφέρει λίγο στη διόρθωση των καταστάσεων, ενώ ένας ολοκληρωμένος συνδυασμός όλων των στοιχείων είναι απόλυτα επαρκής (*Περὶ μουσικῆς* I. 12: 30, 24-25). Κάτι τέτοιο θα μπορούσε κανείς να υποστηρίξει ότι συμβαίνει και στα σημερινά κέντρα όπου εφαρμόζεται η μουσική σε συνδυασμό με άλλες επιστήμες (όπως την ψυχολογία, τη λογοθεραπεία, κτλ.).

Ο Meinecke (1948) υποστηρίζει ότι ο Κοϊντιλιανός αναπτύσσει την ιδέα της μουσικοθεραπείας μέσω της χρήσης ιατρικών παραλληλισμών (*Περὶ μουσικῆς* II. 12: 55. 30), στους οποίους βρίσκει αναλογίες με παρόμοιες ιδέες που απαντούν στο έργο του Θεόφραστου (βλ. Ἀθήναιος *Δειπνοσοφισταί* 624 a-b, Ἀπολλώνιος *Ἱστορίαι θαυμασταί* 49.1, Aulus Gellius *Noctes Atticae* 4.13.1-2). Ο Θεόφραστος στο έργο του *Περὶ ἐμπνεύσεως*, όπως μας παραδίδεται η μαρτυρία από τον Αθήναιο (*Δειπνοσοφισταί* 624 a-b), αναφέρει ότι η μουσική μπορεί να θεραπεύσει ακόμη και σωματικές ασθένειες, λέγοντας ότι, αν κάποιος πάσχει από ισχιαλγία, θα μπορούσε να θεραπευθεί ακούγοντας τους ήχους κάποιου που παίζει τον αυλό («καταυλεῖν»⁴) κατά τη φρυγική αρμονία.

Απόψεις ποιητών, φιλοσόφων και συγγραφέων της αρχαιότητας για τη μουσική ως μέσο θεραπείας σε ένα ευρύτερο πλαίσιο

Η ευεργετική δύναμη της μουσικής στην ψυχή καταγράφεται και από τον Ευριπίδη στα έργα του *Άλκηστis* (962-971) και *Μήδεια* (192-200), όπου αναφέρεται ότι οι θνητοί έχουν όφελος από τα τραγούδια, εφόσον μπορούν με αυτά να γιατρεύουν τις λύπες που προκαλεί ο φόβος του θανάτου. Ο Πλούταρχος (*Πῶς δεῖ τὸν νέον ποιημάτων ἀκούειν* 19-20 a) επίσης μιλώντας για τη δύναμη της μουσικής στον άνθρωπο αναφέρει ότι η άσχημη μουσική και οι πονηρές μελωδίες «ἀκόλαστα ποιούσιν ἦθη καὶ βίους ἀνάνδρους καὶ ἀνθρώπους τρυφὴν καὶ μαλακίαν καὶ γυναικοκρασίαν».

⁴ Για τη χρήση του όρου «καταυλεῖν», βλ. Πλάτων *Πολιτεία* 411 a, *Νόμοι* 790 e.

Ο Ρωμαίος Aulus Gellius (2ος αιώνας μ.Χ.) αναφέρει πως μπορούσε να ανακουφισθεί ο πόνος στα ισχία, που προκαλεί η ποδάγρα, μέσω μελωδιών κατά τον φρύγιο τρόπο. Ο Θεόφραστος πίστευε πως η επιληψία θα μπορούσε να βελτιωθεί μέσω της μουσικής, ενώ ο Κέλσος συνιστούσε τη μουσική για τη θεραπεία της τρέλας και ο γιατρός Ερώφιλος (330-260 π.Χ.) από την Αλεξάνδρεια «μπορούσε να ρυθμίσει τον αρτηριακό σφυγμό με βάση τη μουσική κλίμακα που αντιστοιχούσε στην ηλικία του ασθενούς» (Meinecke 1948: 68) με μια διαδικασία που όμως δεν μας είναι γνωστή (McClellan 1991). Επίσης στον έργο του Πλωτίνου *Ἐννεάδες* (V.3.17.17-20, IV.4.42.9-10) αναφέρεται ότι η χρήση της κατάλληλης μουσικής μπορεί να απαλύνει ακόμη και τις ωδίνες του τοκετού.

Θα πρέπει να προσθέσουμε ότι με την επίδραση της μουσικής στην ψυχή συνδέεται και η συμβολή της μουσικής στην παρακίνηση των ανθρώπων για εργασία μέσω της ευχαρίστησης και της ανακούφισης που δύναται να προσφέρει κατά τη διάρκεια της κοπιαστικής εργασίας. Ο Διογένης ο Βαβυλώνιος υποστήριζε (Φιλόδημος *Περί μουσικής*, IV, σ. 70 Kemke [=S.V.F., III, Diog. 68]) την ψυχική ευχαρίστηση που προσφέρει η ανάγνωση των μύθων (όπως του Ορφέα) όταν συνοδεύεται από μουσική και την ανακούφιση που προσφέρει στους εργαζόμενους από τους κόπους της εργασίας τους. Στο ίδιο πνεύμα είναι και η μαρτυρία του ρητοροδιδάσκου Marcus Fabius Quintilianus (*Institutio oratoria*, 1, 10. 16), ο οποίος υποστήριξε ότι η ίδια η φύση έχει δώσει τη μουσική ως δώρο στους ανθρώπους, για να τους ελαφρύνει από τον κόπο που καταβάλλουν κατά την εργασία τους.

ΕΠΙΛΟΓΟΣ

Οι παραπάνω θέσεις των φιλοσόφων που απέχουν τουλάχιστον 2500 χρόνια από το σήμερα, αλλά και η πληθώρα αναφορών για τον ευεργετικό ρόλο της μουσικής σε έργα ποιητών και συγγραφέων αποδεικνύουν ότι στην αρχαία Ελλάδα η μουσική είχε θέση στην αγωγή του ανθρώπου (τόσο στη θεραπευτική όσο και στην παιδαγωγική). Στη σημερινή ωστόσο εποχή εντοπίζονται διαφορές στο περιεχόμενο των σύγχρονων όρων «μουσικοθεραπεία», «μουσική εκπαίδευση» και «χρήση της μουσικής στην ιατρική» ως προς το σκοπό που επιδιώκει η καθεμιά. Η μουσικοθεραπεία πρέπει να ιδωθεί «ως η σκόπιμη εφαρμογή της μουσικής στο πλαίσιο μιας θεραπευτικής σχέσης, για την επαναφορά, τη διατήρηση και προαγωγή της ψυχικής, σωματικής και πνευματικής υγείας» (Kessler-Κακουλίδη 2009: 22). Η «μουσική

εκπαίδευση» εστιάζει στο μουσικό αποτέλεσμα, όπως στην εκμάθηση οργάνου ή μουσικών εννοιών και στη γενικότερη μουσική επίδοση. Τέλος «η χρήση της μουσικής στην ιατρική» προϋποθέτει την εφαρμογή της μουσικής για την αντιμετώπιση του άγχους ή του πόνου, πριν ή μετά, για παράδειγμα, από χειρουργικές επεμβάσεις (Kessler-Κακουλίδη 2009).

Αν επιχειρούσε κανείς να κάνει μια συσχέτιση των τριών αυτών σύγχρονων πεδίων με τις θέσεις των Ελλήνων φιλοσόφων και συγγραφέων θα διαπίστωνε ότι ορισμένοι από αυτούς είχαν διαχωρίσει ως ένα βαθμό τη λειτουργία της μουσικής κατατάσσοντάς την στις παραπάνω κατηγορίες, ενώ άλλοι είχαν ως ταυτόχρονο στόχο τους μέσω της μουσικής παιδείας τόσο την επίτευξη της πνευματικής καλλιέργειας, όσο και τη διατήρηση ή την επαναφορά της ψυχικής υγείας και την ανακούφιση του ψυχικού ή σωματικού πόνου. Στο έργο του Πλάτωνα και του Αριστοτέλη αναδεικνύεται η πρωταρχική σημασία της μουσικής παιδείας για τους νέους και τους ενήλικες, εξεταζόμενη στο πλαίσιο της διερεύνησης της σωστής για τους πολίτες παιδείας. Επιπλέον ιδιαίτερη αξία έχει το έργο του Αριστείδη Κοϊντιλιανού *Περί μουσικής*, όπου η μουσική εξετάζεται υπό το πρίσμα της φιλοσοφίας. Το έργο αυτό, όπου παρομοιάζεται η ιδιότητα της μουσικής να επηρεάζει τον κάθε άνθρωπο με διαφορετικό τρόπο με ιδιότητες της ιατρικής, παρουσιάζει απόψεις πιο εμπειριστατωμένες και εξειδικευμένες σε σχέση με αυτές των προγενέστερων. Μάλιστα λόγω της συστηματικής του οργάνωσης, οι απόψεις του Κοϊντιλιανού για τα θέματα που αφορούν τη μουσική και τη θεραπεία δίδουν την εντύπωση συγκρότησης ενός εξειδικευμένου εγχειριδίου για το θέμα.

Η κοινή συνιστώσα της μουσικής σε όλες τις εποχές και η καταλληλότητα για τη χρήση της στη θεραπεία έγκειται στο ότι επιδρά στο συναίσθημα και συνδέεται κατά τρόπο φυσικό με τον άνθρωπο. Εκτός αυτού μπορεί και να εμπνεύσει τάξη και αρμονία και να επιτύχει εκτόνωση. Έτσι συνιστά άριστο παιδαγωγικό μέσο, κατάλληλο και για την επίτευξη στόχων που σχετίζονται με την ανάπτυξη της ολόπλευρης προσωπικότητας του ατόμου και —κατά συνέπεια— την τόνωση και διεύρυνση του συναισθηματικού του κόσμου κατά τρόπο ασφαλή.

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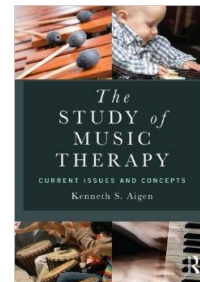
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The Study of Music Therapy: Current Issues and Concepts (Kenneth S. Aigen)

Reviewed by Colin Andrew Lee



Title: The Study of Music Therapy: Current Issues and Concepts | **Author:** Kenneth S. Aigen | **Publication year:** 2014 | **Publisher:** Routledge | **Pages:** 280 | **ISBN:** 978-0415626415

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Music therapy has entered a period of immense growth in the last decade. As new models and theories have emerged, such as Community Music Therapy (Ansdell & Stige 2016), Neurologic Music Therapy (Thaut & Hoemberg 2014) and Resource-Oriented Music Therapy (Rolvsjord 2016), the profession has become broader and more diverse. Developments in practice have been reflected in conference presentations, the establishment of new organisations such as *The International Association for Music and Medicine*, and the content of peer-reviewed research articles. Book publishers have, for the most part, focused on printing edited volumes compiling contributions from different authors. Single authored books have become less common. It was with great excitement, therefore, that I approached Ken Aigen's new book on the study of music therapy.

As a fellow Nordoff-Robbins music therapist, I have read and consistently been challenged by Aigen's articulate and scholarly writings over the years (Aigen 1998, 2005). As an educator, I have used his articles and books as texts in many of my

undergraduate and graduate classes. As Aigen has developed and refined his theory and research, his ideas and arguments for music-centred theory and practice have become more focused and influential.

For some, reading a book on music therapy theory might seem like a dry, academic undertaking. Aigen's new book, however, is a compelling read and keeps the reader enthralled and involved with the questions he raises throughout this book. At no point in the book does he require the reader to believe or agree with his views. His often controversial theoretical analyses are always placed within clear and thorough academic understanding of current music therapy literature. As the book unfolds, so his views and beliefs become clear. It is his clarity of vision that makes this book such an important contribution to contemporary music therapy literature. The book is divided into six parts that examine critical questions about the balance and interface between music and therapy:

1. What is music therapy?
2. How is music considered in music therapy?

3. How are the non-musical aspects of music therapy considered?
4. How does music therapy relate to the other uses of music in society?
5. How are psycho-biological concerns addressed in music therapy?
6. How is music therapy theory developing?

In part one of the book, Aigen addresses issues related to the definition of music therapy and questions surrounding professional identity. He initially discusses music therapy using medical and psychotherapy frameworks, and examines the idea of the music therapist as a healthcare practitioner. He later analyses the professional identity of the music therapist by asking whether practitioners in the field are therapists who use music or musicians who do therapy. The arguments he raises defend the artistic nature of music and the building of communities through the development of community music therapy.

In part two, he considers how music therapy works from a socially based perspective, as highlighted through the notion of *musicing* and psychoanalytic interpretation. He further explores music as culture and identity, and how musical styles contribute to an understanding of music-centred music therapy practice. How music therapists understand and create musical/clinical goals is central to this part of the book. It culminates with a chapter where Aigen discusses the “relationship between clinical and nonclinical music” (pp. 75-87). I found this part of the book to be exceptionally stimulating and thought provoking.

In part three, Aigen investigates the balance between words and music, and the importance some theories place on the need for translating musical expression into words. He emphasises that for music-centred music therapists, this need is not necessarily always as important. This part of the book concludes with an in-depth examination of the client-therapist relationship. In its last chapter, Aigen points out the lack of consensus in music therapy communities on such fundamental issues such as the primary identity of the music therapist and the discipline in which music therapy belongs. Without a clear consensus, he posits that with regards to the practice of music therapy, “the best course of action is one that accepts all views of the therapy relationship and that does not use the components of any particular view to legislate guidelines for legitimate and ethical practice”

(p.118) – a position that should be able to unify rather than divide the profession.

Part four considers music and healing, indigenous music healing practices, and their relevance for contemporary music therapy theory. The final two chapters of this part of the book are devoted to community music therapy. Aigen explores how notions of community and health affect the future of music therapy, and the breakdown of the traditional professional boundaries of therapeutic practice. As a performer and music therapist, I was particularly intrigued with his arguments on performance and client empowerment.

Part five includes some of the most contentious sections of the book. Apart from examining the merits and pitfalls of the relationships of early interaction and evolutionary theories with music therapy in this part of the book, Aigen provides a keen critique on neurologic music therapy’s apparent disregard for the value and significant role of other non-biologically-based theories for explaining the therapeutic efficacy of music in therapy.

Part six is the most important and innovative part of the book; Aigen highlights the importance of the development and application of theory in music therapy since its inception as a discipline in the mid-1940s. He reviews the history of generated theory associated with music therapy, and strategically divides the stages of theory development into three: a) the period when psychology had its strongest impact on theory (1945-1964); b) the period when specific models of practice were established (1965-1981); and c) the period when indigenous theory and broad-based general theories from the arts, other social sciences, and biological sciences began to influence practice (1982-present). He then lists 13 contemporary music therapy orientations, which emerged during the third stage of theory development. Aigen divides these orientations to three categories according to whether they: a) provide support for existing practice; b) provide foundations for new practices; or c) provide foundations for a new clinical model. By dividing the 13 contemporary music therapy orientations into these three categories, Aigen proposes an efficient and practical means of organising and classifying the orientations according to their *purpose* in the history of the development of theory in music therapy. Aigen further divides the 13 contemporary music therapy orientations to determine their *use of*

and *emphasis on* music in therapy: a) music as core organising element; b) music as an important element that exists in combination with other equal commitments; and c) music requires enhanced attention but without a particularly unique role. These two sets of categories are important to Aigen's central arguments and provide a fascinating glimpse into the challenges that music therapy will face in the future. If music therapy is to survive in the advent of recent developments such as music and health, music and medicine, and community practices, the role, properties, and qualities of music need to be determined and professionally articulated, particularly in the development of theory for research and practice.

The arguments presented throughout this book address some of the foundational struggles that contemporary music therapy continues to face. Aigen's view that the centrality of music is essential to an understanding of the therapeutic process is inspiring. As a music-centred music therapist who has devoted his career to advocating for the integrity of music in therapy, I am extremely gratified by Aigen's refreshing candour and staunch championing of the intrinsic value of music in our field and chosen vocation. I believe his book is one of the most important texts written in the last decade and should be essential reading for all music therapists.

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Musical Life Stories: Narratives on Health Musicking (Lars Ole Bonde, Even Ruud, Marie Strand Skånland & Gro Trondalen, Eds.)

Reviewed by Maria Pothoulaki



Title: Musical Life Stories: Narratives on Health Musicking | **Editors:** Lars Ole Bonde, Even Ruud, Marie Strand Skånland & Gro Trondalen | **Year:** 2013 | **Publisher:** Norwegian Academy of Music | **Pages:** 354 | **ISBN:** 978-82-7853-081-8

Maria Pothoulaki is a Chartered Psychologist and Associate Fellow of the British Psychological Society. She holds a PhD from Glasgow Caledonian University. Particular topics of interest through her research and working experience involve music and health, community-based services and social interventions and innovations. Maria has been extensively involved in the development of training materials for health professionals and researchers and has published several papers. Her working experience involves teaching, training, research and practice. Currently she is a lecturer at a college in Athens and research associate in a civil society organisation.

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Publication history: Submitted 30 November 2015; First published 7 March 2016.

The relationship between music and health has a long history dating back to ancient civilisations. Since then, researchers from diverse disciplines have never ceased investigating this topic of interest. The fundamental questions surrounding this profound bond can be stated as follows: In what ways does music contribute to the individual's health? Is there a causal or a process relationship between health and music and how do the different roles that we adopt during our musical experience affect this relationship?

These questions and many more related to the experience of music are examined in the book *Musical Life Stories: Narratives on Health Musicking*. The book is composed of 17 chapters including the authors' personal narratives. Chapters reflect distinct musical experiences and contexts, as portrayed by the narratives of individuals. The editors of the book come from diverse but related disciplines such as music therapy, musicology, and

music psychology, yet surpass fragmented disciplinary theories and introduce an integrated epistemological framework through an anthology of synthesis. In addition, the interdisciplinary perspectives that authors provide in their analytical framework result successfully in a meaningful and coherent integration of core concepts highlighted in the research of music and health. Gary Ansdell, who introduces the anthology, contextualises key interdisciplinary concepts into four major principles: "continuity", "paramusical", "salutogenic" and "ecological", providing a platform of shared aspects of understanding, as pertinent to the book and also to the wider research literature of music and health.

One of the most interesting elements in this book is that it consists purely of qualitative research, and particularly of narratives of individuals which contextualise the reader within an empirical journey. In these narratives different experiences of 'musicking' are revealed by

individuals in different contexts, adopting different musical roles. The meaning of 'musicking' is evident in every single chapter of the book indicating the participatory experience of music on different occasions, professional and everyday life contexts. The plurality and the variety of experiences analysed provide a substantial qualitative work, where the vitality of music is examined through different glances and perspectives. The book has as a point of departure the successful contextualisation of health in a wider biopsychosocial model, where health is understood in a holistic way rather than in restricted bodily functions and the absence of illness (WHO 1948; DiMatteo & Martin 2006). This holistic approach is adopted throughout the book and becomes particularly evident in chapters 3 and 5, authored by Skånland and Beckman respectively.

In this context, the essential, regenerative and resourceful power of music is expressed in numerous ways. The participatory experience of music, the 'musicking' process, defines every single role adopted during this musical experience, whether it is of the professional musician, listener or fan. Authors point out key concepts and issues outlined in the research literature of health and music. For instance, the self-healing power of music as highlighted in chapters 2, 9 and 12, the musical experience as a health resource and renaissance indicated in chapters 15 and 16, the musical reflection, the importance of mirroring of emotions and the channelling of aversive feelings analysed in chapter 5, the sense of control, safety and self-regulation as indicated in chapter 3 are just some of the shared key aspects in this 'empirical journey'. In relation to the above, the contribution of music in the formation of one's individual and social identity, and the intimacy and connectivity experienced in the 'musicking' process are just a few of the principal concepts in this book. All the above issues expressed through individuals' narratives help reflect and demonstrate, as the editors suggest, the central scope of this book, which addresses the role and the meaning of music in everyday wellbeing and quality of life. The plurality and variety of experiences signalling this unique main emphasis is certainly one of the achievements of this book.

As a psychologist, what I personally find extremely interesting in the book are the experiences describing the process through which music forms a 'path' for reflecting emotions, helping individuals to become aware of them, accept,

acknowledge and regulate them. The reader of the book becomes an explorer and a traveller in an empirical journey, where music reframes existential issues, providing meaning, structure and change in individuals' lives. Although a stronger emphasis on the adopted methodology and the followed procedure of the reported cases would have been advisable, the book captures the reader in a reflective and insightful process. The narratives of individuals indicate how they experience music as a vital health resource, empowerment and a way of coping in their daily lives. They provide a coherent description of the process that takes place during the 'musicking' experience which is so personal and so collective at the same time. Practices describing the musical experience from a personal and professional perspective are elements that enrich the book and provide added value to the various aspects that it examines. Of exceptional interest are the personal narratives of the authors, which are in many ways linked to the life stories of their research participants, indicating shared aspects of experience and leading towards a 'collective' 'health musicking' concept. All those musical experiences can be seen as puzzle pieces that one can integrate to form a greater story, supporting the multidimensional meaning and use of music in the process of health experience and 'health musicking'.

I strongly recommend the book as a distinct piece of research work that achieves to provide a synthesis of different perspectives and disciplines, encapsulating a unique approach with a variety of elements and rich qualitative material.

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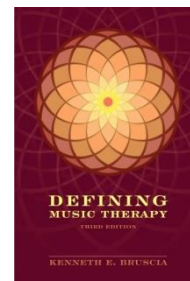
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Defining Music Therapy (3rd Edition) (Kenneth Bruscia)

Reviewed by Theo Dimitriadis



Title: Defining Music Therapy (3rd Edition) | **Author:** Kenneth Bruscia | **Publication year:** 2014 | **Publisher:** Barcelona Publishers | **Pages:** 417 | **ISBN:** 978-1-937440572

Theo Dimitriadis, MMTh, is a music therapist and music therapy researcher based in Amsterdam, the Netherlands. His clinical experience includes work with various client groups, such as children with an autism spectrum disorder, elderly people with dementia and clients in neurological rehabilitation. His current research activities focus on outcome measures that can be used in high-level evidence, such as randomised controlled trials, in particular within music therapy with clients with dementia.

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Publication history: Submitted 7 February 2016; First published 1 August 2016.

In this 3rd edition of *Defining Music Therapy* Bruscia offers the reader a “culmination of a 25 year project aimed at conceptualising music therapy in a critically inclusive and integrated way” (Barcelona Publishers, no date, no pagination).

Most music therapists will be familiar with Bruscia’s previous attempts to define music therapy as a fusion of art, science and humanity. Contrary to the views of those who believe that “music therapy is too complicated or multidimensional to fit in a definition”, Bruscia meets the challenge of “defining our own identity” (p. 19). The 2014 music therapy definition is a major update of the two previous ones and Bruscia describes in detail the process of finding the exact words that can define music therapy; a difficult, inspiring and utterly fascinating process that he shares step-by-step with the reader. It is clear from the first pages of the book that the author’s main intention is not so much about finding a universally accepted definition: this might be rather utopic. Bruscia guides us in a carefully progressive manner to the process of (re)defining music therapy, through constructing, deconstructing and reconstructing definitions that

best match the core of current music therapy practice. This process reflects Bruscia’s visions on research, influenced by phenomenology and/or constructivism.

As a senior theorist, researcher and a well-known author in the field of music therapy, Bruscia collaborates here with an international panel of experts, the so-called “deconstruction party” (p. 27), including Brian Abrams, Brynjulf Stige, Susan Hadley, Randi Rolvsjord, Dorit Amir, Jane Edwards, Carolyn Kenny, Even Ruud, Rudy Garred, Jennifer Adrienne, Kenneth Aigen and Henk Smeijsters. The purpose of the ‘deconstruction party’ was to critically evaluate the 1998 definition according to one criterion: “to what extent did the [1998] definition include or exclude significant approaches to practice that have evolved in the interim years?” (p. 26).

The book consists of a detailed introduction, 29 main chapters, and an extensive section with notes. In the introduction Bruscia makes it clear that this is his last addition to the long project of defining music therapy: there will be (most probably) no fourth edition, not so much because “defining doesn’t

seem to be on the top of popularity charts” (p. 13) but because Bruscia would like someone else to take up the challenge of “defining our field”. The introduction ends with the presentation of the 1989 and 1998 definitions, along with useful background information on what has changed in the history of music therapy the last 30 years.

Chapters 1 to 3 refer to the need and challenges of defining something that seems ‘indefinable’: music therapy as a discipline, profession, art, science and humanity. The author describes the (qualitative) analysis of all known existing definitions (over 100 definitions were analysed for the 2014 ‘working definition’ of Bruscia). The purpose of the analysis was to further illuminate the issues inherent in the task of defining music therapy, to aid in making revisions in the 1998 definition, and to clarify how the 2014 definition compares to existing ones.

In chapter 4 Bruscia presents the updated 2014 definition of music therapy:

“Music therapy is a reflexive process wherein the therapist helps the client to optimise the client’s health, using various facets of music therapy experience and the relationships formed through them as the impetus for change. As defined here, music therapy is the professional practice component of the discipline, which informs and is informed by theory and research” (p.36).

The following chapters (5- 26) are dedicated to the extensive description and thorough analysis of each word/term of the above *working definition*. Here the author explains why and how he replaced certain terms from the 1998 definition¹, in order to better match the theoretical thinking as well as the professional identity of the current music therapy practitioner.

According to the author, music therapy is not any experience that happens to be positive, beneficial, or health-enhancing. It is a process based on health-focused interaction between client and therapist. Bruscia describes very eloquently the difference between beneficial experiences with music (i.e. musical activities) and music therapy: what turns out to be *therapeutic* does not qualify as *therapy*. Whether it is music *as* or *in* therapy, the therapist’s main goal is to address the needs of the client through whatever medium seems most

relevant or suitable, whether it is music, the relationship, or other therapeutic modalities.

The so-called ‘deconstructive’ analysis of Bruscia’s definition contemplates the nature and language of theory and practice. It is valuable information not only for students or newly qualified practitioners, but also for the more experienced music therapists, researchers and, of course, theorists. In some ways it is beneficial for everyone to ‘go back to the basics’ and consider possible answers to questions such as: Who is the therapist and who is the client? Why is a therapist needed in order for therapy to take place? And why is the client-therapist relationship unidirectional and should lack the give-and-take character of most personal relationships with family and friends?

The author makes a very useful and deep theoretical analysis of the term ‘helping’ someone: up to which degree can someone help another person? A therapist should, by definition, have certain qualities such as to empathise with the client, to interact and motivate through giving him/her voice, or to guide and intervene when needed. But what are the limits of ‘helping’? Bruscia very appropriately invites the reader to consider the thoughts of the English anthropologist and social scientist Gregory Bateson on the client-therapist relationship:

“You can take a horse to the water, but cannot make him drink. The *drinking* is his business. But even if your horse is thirsty, he cannot drink unless you take him. The *taking* is your business” (Bateson 1980: 80).

Looking critically towards the 1989 and 1998 definitions, Bruscia explains why he (together with the panel of experts) replaced (or removed) certain words of the ‘old’ definitions with new, more appropriate ones. The purpose of those changes was to better match the essence of music therapy, together with the current theoretical and evidence-based thinking. Table 1 outlines the changes or corrections between the new and the previous definitions together with my summaries of the reasons for these changes.

One of the sections of the book that has received significant attention is the one about ‘integral thinking’ and ‘integral practice’ (chapters 27-29 and notes/appendix), which contains very interesting but not always easy-to-follow information on (amongst others) Bruscia’s theoretical perspectives on different *levels of practice*, namely the auxiliary, the augmentative, the intensive and primary levels. These chapters are clearly more accessible to (post) graduate

¹ The 1998 working definition of Bruscia was: “Music therapy is a systematic process of intervention wherein the therapist helps the client to promote health, using experiences and the relationships that develop through them as dynamic forces of change” (Bruscia 1998: 20).

1989 definition	1998 definition	2014 definition	Reasons for change
	"[music therapy is a] systematic process of intervention"	"[music therapy is a] reflexive process"	The word intervention has been removed, as it was felt that it carried many unintended but undesirable connotations of power, hierarchy and client passivity. 'Systematic', a word that often implies a certain rigidity or inflexibility was replaced with 'reflexive', a term that is more inclusive than systematic, closer to the main things that therapists have to monitor while they work.
[the therapist helps the client to] "improve health"	[the therapist helps the client to] "promote health"	[the therapist helps the client to] "optimise the client's health"	The author here attempts to go beyond the vision of health as a dichotomous phenomenon (healthy versus sick), conceiving it as a "process of moving beyond the present way of being into increasingly richer and fuller ways" (p. 304).
	"using musical experiences and the relationships that develop through them"	"using various facets of music experience and the relationships formed through them as the impetus for change"	Bruscia divides musical experiences into four methods: improvising, re-creating, composing, and listening. Each of these methods is being scrutinised by the author and the team of scholars using the following facets of musical experience: physical, emotional, mental, relational, and spiritual.
	"as dynamic forces of change"	"as the impetus for change"	Dynamic was regarded as a word with various connotations, including 'psychodynamic', something that was not intended. The word impetus was chosen to convey how the various agents in music therapy both induce change and provide the space where change can take place.

Table 1: Changes between the new and the previous definitions

students and professionals interested in theory underpinning the practice. Chapters 1-27 are, according to the author, appropriate for undergraduate and graduate students.

The third edition of *Defining Music Therapy* is a great and useful addition to the existing music therapy literature, a carefully presented reflection of the process of trying to find the words to better describe the identity of the music therapist in the second decade of the 21st century, which might be significantly different from the one 30 years ago

There are, however, some flaws in this book, some of which the author himself points out in the preface as a "warning to the reader" (p. 18): the book contains a lot of repetitions, and tends to consist of 'clusters' of information rather than a flowing text. There are also significant differences between chapters that are easy-to-follow, for the absolute beginner, and chapters that contain specific jargons that are only suitable for advanced readers. On many occasions the reader might feel that the author gives a very elaborated academic

lecture about the essence of music therapy to (at the same time) a group of absolute beginners and a group of PhD students. This makes the book an important reference point for everyone practising or interested in music therapy, but at the same time almost uncomfortable to read from the beginning to the end. The author gives hereby very useful information on how to use the book in the preface. It seems indeed that the book comes with the authors "instruction manual" (pp. 16-19).

Regardless of the above points, the 3rd edition of Bruscia's *Defining Music Therapy* is an important update to the previous editions and seems more internationally oriented, as well as consensus based. It is of great value that this edition benefits from the input of international scholars who provide perspective on a range of topics including culture, power and empowerment, and the therapeutic relationship. Bruscia's unique ability to deconstruct, analyse and reconstruct (theoretical) ideas might prove that it is possible to define something that seems vague and/or multifaceted as music therapy.

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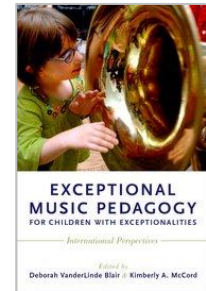
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Book review

Exceptional Pedagogy for Children with Exceptionalities: International Perspectives (Deborah VanderLinde Blair and Kimberly A. McCord, Eds.)

Reviewed by Donald DeVito



Title: Exceptional Music Pedagogy for Children with Exceptionalities: International Perspectives | **Editors:** Deborah Blair & Kimberly McCord | **Publication year:** 2016 | **Publisher:** Oxford University Press | **Pages:** 336 | **ISBN:** 978-0190234577

Dr. Donald DeVito is a music and special education teacher at the Sidney Lanier Center School in Gainesville, Florida for students with disabilities. He served as a board member of the International Society for Music Education (ISME) and a facilitator in the online Masters in Music Education programme at Boston University. He publishes extensively on networking universities, schools and community based music programmes for the benefit of children with special needs throughout the world. He is currently developing a music and special education programme at the Notre Maison Orphanage in Haiti, one of the few to accommodate children with disabilities.

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Publication history: Submitted 21 August 2016; First published 13 November 2016.

'Exceptional Pedagogy for Children with Exceptionalities: International Perspectives', edited by Deborah VanderLinde Blair and Kimberly A. McCord (2016), is geared toward future music educators and music therapists. Focusing on international perspectives, chapters are from the USA, Finland, Austria, Ireland and Taiwan which are then discussed more fully in relation to national inclusion in the final chapter *'Special Education and Special Music Education Outside the U.S.'*. The initial chapter *'Music for All: Everyone Has the Potential to Learn Music'* sets the tone for the book with this philosophy. Subsequent chapters highlight specific components of the field of special education that are both relevant and applicable to anyone with special needs regardless of setting. A sample of the scope of the book includes: educational law, accommodation, inclusion, autism spectrum disorder, gifted education, hearing impairment, intellectual disability, behavioural need and physical disability. The chapters include a

variety of qualitative and quantitative documentation and the evidence provided in each chapter is thoroughly researched and presented.

Connections are also made to Science, Technology, Engineering and Mathematics (STEM) settings through Elaine Bernstorff's chapter *'Reading Acquisition Frameworks for Music and Language: Layering Elements of Literacy for Students with Exceptionalities'*. The scope of the chapter offers music educators, therapists and specialists in training a broad background in the field of special education in arts settings although not in a systematic order. The approach of the book is clearly stated in the topic strands of the preface and focuses on the specific components of what it is to be a child, a developing human in pedagogical perspectives, a person with a disability, a musician, in effect what it means to be a complete person. Target reading groups I would recommend for this book are undergraduate music educators and therapists, graduate students, even special

education majors in related academic fields (math, science, language arts) who could apply music as a resource in their pedagogy.

Music approaches such as Orff programmes, SoundOUT music technology and inclusive instrumental ensembles are presented through the lens of foundational special education services such as assistive technology, individualised education programme models, functional behavioural analysis and reading acquisition. It should be noted the chapters are authored by current members and six past chairs of the International Society for Music Education (ISME) Special Music Education and Music Therapy Commission, the contributions of whom provide the compilation of this book with relevance on a global scale.

Future research implications of the book are the demonstration of need for greater specificity on the international nature of classroom contexts and enhanced connection between the world of special education foundations and music for children with exceptionalities. Related research can be accessed through proceedings of the Special Music Education and Music Therapy Commission on the ISME website (www.isme.org). Other recent publications by the editors include: 'Narrative Texture: The Layering of Voices in a Secondary Classroom for Learners with Special Needs' (Blair 2013), 'The Role of Special Music Educators and Music Therapists in Assisting Exceptional Learners' (McCord 2015), and 'Accessing Music: Enhancing Learning in the General Classroom using UDL' (McCord, Gruben & Rathgeber 2014).

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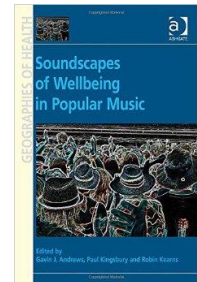
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Soundscapes of Wellbeing in Popular Music (Gavin J. Andrews, Paul Kingsbury & Robin Kearns, Eds.)

Reviewed by Muriel E. Swijghuisen Reigersberg



Title: Soundscapes of Wellbeing in Popular Music | Editors: Gavin J. Andrews, Paul Kingsbury & Robin Kearns | Publication year: 2014 | Publisher: Ashgate | Pages: 320 | ISBN: 978-1937440534

Dr Muriel E. Swijghuisen Reigersberg is a visiting fellow at Goldsmiths, University of London. Here she works with the Music, Mind and Brain Centre in the Psychology Department as its only ethnomusicologist exploring interdisciplinary ways in which music impacts on health and wellbeing. Additionally, Dr Swijghuisen Reigersberg is a research development and policy manager in the Goldsmiths Research Office.

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Publication history: Submitted 17 January 2016; First published 3 April 2016.

This co-edited volume is a welcome addition to Ashgate's (now Taylor and Francis) *Geographies of Health* series. It is heartening to see that the series and volume's editors are also responding to the trend that has been evident in anthropology and especially USA-based ethnomusicology¹: the amalgamation of popular music studies, sound studies and cultural musicology with a specific interest in context, place and wellbeing. Within the Society for Ethnomusicology², for example, the sections and special interest groups in medical ethnomusicology, sound studies, music and violence, ecomusicology and cognitive ethnomusicology have paid special attention to the relationship between sound, musicking and location with reference to wellbeing.

¹ British ethnomusicology, with a few notable exceptions, has shown less of an interest in music and its relationship to place and wellbeing, although DeNora's work is well-known and frequently cited, and place forms an intimate part of what ethnomusicologists study generally.

² http://www.ethnomusicology.org/?page=Groups_Home

The American Anthropological Association's Music and Sound Interest Group³ in its turn, has created a bridge between the anthropological and ethnomusicological study of music as sound, championing issues of listening and public soundscapes, studies of aurality and ethnographies of musical experience among others. As such, I think the book is of special interest to people working in the fields of geography, popular music studies, ethnomusicologists, music therapists, sound study specialists, anthropologists and sociologists interested in music as a social phenomenon.

The book asks several questions which are outlined in the excellent and clearly written introduction: a) How are definitions of wellbeing and popular music understood? b) How are popular music and wellbeing related to one another, and are certain relationships in need of further explanation? c) Why does place matter when we study music, and how is the concept of place

³ <http://msig.americananthro.org/about-msig/>

understood. The editors define popular music as “forms of music that are mass-produced, distributed, and consumed and thus familiar to a significant number of people” (p. 2). The definition is broadly inclusive, and does consider various genres of music such as world music, folk, pop, jazz-fusion and others.

The book is divided into three sections, entitled ‘Circulation’, ‘Transformations’ and ‘Gathering’. The first section, ‘Circulation’, “illustrates the ways in which forces of wellbeing move through the lived places of musicians, bands and their listeners.” (p. 12). ‘Transformations’, section two, “focuses on music’s capacities to salubriously change its performers and listeners in private and public places” (p. 13), whilst section three ‘Gathering’, “explores the ways in which musical communities and populations assemble at different scales in the hope of ameliorating themselves and the world around them” (p. 13). In the first section, Foley’s chapter recording the rise in popularity and world tour of the Congolese band Staff Benda Bilili is of particular interest. Foley addresses the varying narratives of disability, equality and public health in Kinshasa. He critically examines how the popular and world music industries provide both an opportunity to promote social and economic wellbeing as well as create environments which encourage exploitation and superficial “feel-good examples of triumph over disadvantage” designed to “make Europeans feel good about themselves” (p. 44). The chapter forms a nice example of how this volume generally refuses to assume that engagement with music will *ipso facto* lead to improved wellbeing.

In some areas for instance, a complete triumph over adversity will never be a possibility. Chapter 10 in section two offers an insight into the uses of music in places of palliative care. Music therapists in particular, will be familiar with this type of ‘place’: a hospice. Authors Bartel and Clements-Cortés between them share an interest in music therapy, psychology and musicology and their article embraces the interdisciplinary field of thanatology: “the study of death, dying, and bereavement” (p. 145). This area of enquiry, they say, has been growing over the past twenty years and embraces the notion of “dying well” and music’s role in aiding a “good death”. Their ethnographic case study explores how music helps facilitate communication between the dying and their loved ones, allowing them to process their reactions to death in a more

positive way. The chapter makes excellent use of interview examples and musical texts and compositions of those involved in the palliative process.

Chapter 13, in section three also explores ethnographic and applied methods, this time in an educational context. It reiterates an earlier call for a more “humanistic sensitivity in methods in order to tease out the interconnectedness of health, culture and place” (p. 191). Despite the cultural turn in health geography, methodologies within this field still remain “stubbornly formal”, decontextualized and with the dichotomy of the “researcher-researched” still firmly in place (p. 191). The authors Skinner and Masuda advocate for the use of culturally and context-appropriate research methodologies. Exploring the uses of critical hip hop pedagogy in Winnipeg in Manitoba, Canada with urban aboriginal youth, they argue that hip hop’s mechanisms of story-telling, music, dance and visual arts are close to Aboriginal history and oral traditions and therefore especially effective at helping youth explore the relationship between place and wellbeing. The authors emphasise that in order to best understand the relationship between music, place and wellbeing researchers should adopt methods that suit the people they work with rather than automatically imposing methods derived from a specifically Western scientific paradigm. This approach is also frequently employed by ethnomusicologists and anthropologists during applied action research projects. The ideas put forward are also in keeping with current thinking in the field of indigenous methodologies in anthropology. This, like many others in this volume, is a very strong chapter. It is well-structured, and provides ample ethnographic and theoretical evidence to support the arguments made.

In all, I only have two minor quibbles with the volume. The first may be due to the specific copy that I was sent. In the hard copy received, the copy editing was not always as consistent in quality as I have come to expect from Ashgate: occasionally spaces between words were omitted as on pages 107 and 108; unusual bolding of letters appeared on page 147 and there was the repetition of exact sentences on pages 216 and 219 and so on. Secondly, as mentioned in the introduction, there is a body of literature and research within ethnomusicology and anthropology that perhaps could have received more attention in this volume.

Even Whittaker, the ethnomusicologist, is not able to fully do it justice. One key figure in this area, as far as I can discern, remains unreferenced: Steven Feld⁴. His performative and scholarly work have been seminal in shaping the field for some time now and he has published in popular music outlets. For example, his recent work in acoustemology (acoustic epistemologies, or 'sound as a way of knowing') looks very carefully at how music as sound can be conceived of as a way of knowing experientially and how this experience is inextricably linked to time-space interactions. His work shows how musical experience, and therefore wellbeing is influenced by surroundings and the cultural, historical, material, mental and mediatised dimensions that music occupies when it is performed in localities. Not drawing the links between the efforts of ethnomusicological, anthropological and popular music studies together more tightly, therefore, seems to me a lost opportunity to elide disciplinary boundaries further. That said, the ethnomusicological and anthropological interest in soundscapes and wellbeing is predominantly in evidence in the USA and relatively new. The editors, therefore, being (health) geographers ought to probably be forgiven for this oversight. As with all interdisciplinary endeavours it is impossible to be an expert in all matters. Therefore, I believe this last quibble of mine to be only minor. The volume's richness otherwise makes up for it more than amply. I would wholeheartedly recommend people read it.

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⁴ <http://www.stevenfeld.net/articles/>

Developments in Music Therapy Practice: Case Study Perspectives (Anthony Meadows, Ed.)

Reviewed by Florencia Grasselli



Title: Developments in Music Therapy Practice: Case Study Perspectives | **Editor:** Anthony Meadows | **Publication year:** 2011 | **Publisher:** Barcelona Publishers | **Pages:** 620 | **ISBN:** 978-1891278754

Florencia Grasselli is a Music Therapist and Fellow Neurologic Music Therapist. Her experience includes working in neurological rehabilitation facilities, aphasia centres, psychogeriatric, neonatology and obstetrics departments and in private practice. She created the music therapy department at the stroke unit in the organisation where she works in Amsterdam providing different group therapy programmes in collaboration with other disciplines. She also facilitates voice work workshops with immigrant women to help explore cultural matters around identity, communication, and gender-related matters.

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Edited by Anthony Meadows, *Developments in Music Therapy Practice: Case Study Perspectives* offers readers the possibility to learn and understand how music therapists from all over the world develop their practice across the life span working with different client groups and using different models, approaches and theories to tend the needs of their clients. The book compiles the contributions of 47 music therapists and is divided into four parts according to the population with which they work: children, adolescents, adults and older adults/end of life. In total, there are 34 chapters each describing different case study perspectives. The editor agrees that “When examined as a whole, these authors discuss the ways in which they have linked theory and practice, describing how goals, methods, and techniques form a coherent therapeutic whole” (p. 33).

The book takes three dimensions of music therapy practice as its starting point: methods used, clients served and goals addressed. Meadows propose the use of Wilber's four quadrant model

(Wilber 1995, 2000) to contextualise each chapter. In addition to this model, he adds two important dimensions of music related to clinical practice: the aesthetic and transpersonal (Bruscia 1998). It is in through understanding the link between theory and practice that the reader can gain more knowledge and reflect this in his/her own practice.

In the first part of the book, Nöcker-Ribaupierre, Hillmer, Swedberg, Standley, Schwatz, Elefant, Oldfield, Crouwe, Carpente, Edwards, Kennelly, LaGasse and Uhlig write about their experiences using music therapy with children. Nöcker-Ribaupierre (2004, 2007) introduces her approach entitled Auditory Stimulation in the work with premature infants and addresses the importance of this approach in the early intervention to help infants and their families. Hillmer, Swedberg and Standley explain in depth the whole therapeutic process when working in medical music therapy settings with premature infants. Schwatz (2008) writes about her work with children with special developmental needs and their mothers. She

describes how she uses a developmental framework as well as her own assessment tool, Music Indicators of Early Childhood Development (MIECD). On the other hand, Elefant uses concepts from Stern to work with a client with Rett Syndrome proposing a "musical relating experience including affect attunement" (p. 95) to help these clients move forward. A very interesting chapter is the one from Oldfield (2004) who developed a Music Therapy Diagnostic Assessment (MTDA) which scoring system allows a comparison of the MTDA to the Autism Diagnostic Observation Schedule (ADOS) (Lord et al. 1989). Further, Crowe and Carpente also work in the area of autism while Crowe clearly describes his need to adapt the models used during treatment to meet client needs. Carpente writes about his experience in developing a music therapy programme integrating two models: Developmental, Individual-Difference, Relationship-based (DIR®) and Nordoff-Robbins Music Therapy. In chapter eight, Edwards and Kenelly describe their family-centred approach for children in hospital care. LaGlasse presented a case example on how she uses Neurologic Music Therapy with a child diagnosed with Down Syndrome. LaGlasse uses Neurologic Music Therapy with a child with Down Syndrome focusing on language development, while Uhlig also works within a neurodevelopmental theory to describe her work with a child with aggressive behaviour. She uses the voice as a primary therapeutic instrument and, in comparison to other authors in this section, she presents a wide range of research material to explain her foundational concepts.

In part two, music therapy practices with adolescents are addressed. All authors work with recreational and creative experiences. Erkkilä describes three different cases in a psychiatric school, psychiatric hospital and psychiatric clinic in Finland. He considers that therapy can be a success with this population when the treatment uses an eclectic approach and organises his work process in phases where the therapist adopts a specific role in each phase. On the other side of the world, Fouche and Torrance work in South Africa within a very interesting Music Therapy Community programme where adolescent boys take part in music therapy group sessions with the collaboration of community musicians. Krout writes about a single session using a strategic songwriting-based music therapy within a group. McFerran also works within a group modality by offering group sessions with recovering addicts. She describes her work and the challenges she faced as a professional working with this population. She is the only author

that addresses her specific learning experiences and reflections on the therapeutic process of her client. Lastly, Pavlicevic describes a microanalysis on a three-minute improvisation in a music therapy group with vulnerable youth in a community setting.

In part three, the authors describe their practices with adults within medical, addiction, psychiatric and "well adults" (p.28) settings. In the medical setting, Baker works with a client suffering from a brain injury using a modified melodic intonation therapy (Baker 2000) to allow the client to regain verbal communication. Loewy and Quentzel share their work using music psychotherapy with a musician with medical problems. They describe their philosophy of work with musicians as "the desire to recover creativity and aspects of health and spontaneity" (p. 257). Furthermore, Sekeles developed her own psycho-medical model 'Developmental-Integrative Model in Music Therapy' (Sekeles 2006) and writes about her experience in treating a traumatised war adult using active and receptive music therapy experiences.

Next, Borling and Ala-Ruona, as well as Punkanen, work with adults recovering from addictions. While they both contextualise their practice around the 12-step process, their work differs in their theoretical principles. Borling presents his work based on three areas: bio-physical, psycho-emotional and psycho-spiritual within group music therapy working in an active and receptive way; Ala-Ruona and Punkanen use receptive experiences within a vibroacoustic therapy approach.

Within adult psychiatry, Sutton illustrates her work with a female who experienced trauma and concentrates "on what was not sounded in the sessions" (p. 314), remaining musically present and open to what is not sounding in the clinic room. Eyre describes how she tries to establish contact with her withdrawn client through music. She develops in detail her ideas over the role of music in therapy and the roles that the therapist needs to adapt throughout the therapeutic process. Kaser works with groups in a male forensic mental health setting. They offer a wide variation of music therapy programmes and activities such as music therapy improvisation groups and karaoke, where clients are encouraged to take an active role in their own treatment process. Furthermore, Stige uses a culture-centred approach to work with a client with major depression and suicidal tendencies. The author presents very interesting concepts and thoughts such as the therapist adopting a "not knowing" position to be able to meet the client where he/she is and to be inspired by them, or

music therapy "as an interspace allowing movements inward [...] and outwards" (p. 365). Using a humanistic framework, Trondalen works through musical improvisations and verbal exchange with a young man suffering from anorexia nervosa to empower him through creative work. Haase and Reinhardt present an overview of their work with an adult suffering from a personality disorder. They emphasise the importance of stimulating awareness to improve the client's functioning and the importance of verbalisation of the musical experience in order for the client to acquire insight.

In the last section of this part, four cases with "well adults" are discussed. Bosco works through Elemental Music Alignment (EMA) and bodywork with a woman challenged by traumas and insecurity. Summer presents her adapted version of Guided Imagery and Music (Bonny 2002) with her client suffering from depression, using a three-level practice. Bunt works with the same approach as Summer with a client recovering from trauma and loss. Ahonen and Lee work with musicians from a string quartet through the combination of two models of music therapy: Group Analytic Therapy (Ahonen-Eerikäinen 2007) and Aesthetic Music Therapy (Lee 2003). Their chapter describes four sessions in this new field where psychological and physiological stressors are explored.

In the fourth and last part of the book, the work with older adults, including end of life care is addressed. All the authors in this section work using different theoretical perspectives. Mercadal-Brotons uses Behavioural Music Therapy with a client suffering from Alzheimer's disease within a group setting in a day care centre. She describes how she worked with structured sessions and underlines the importance of singing with this population. This part includes two chapters written by Dutch authors. Van Hest-de Witte, Verburgt and Smeijsters work in group settings with older adults suffering from depression, interpreting their work by means of the theory of analogy (Smeijsters 2005). Meanwhile, van Bruggen-Rufi & Vink present their culturally centred approach in working with a woman with dementia born in Indonesia but living since adulthood in the Netherlands. They discuss the importance of discovering the client's world in order to meet the client and facilitating the therapeutic process. Finally, the last chapter of the book is written by Hilliard and Justice who work with a client in a hospice care facility. They provide a foundational framework for the use of music therapy in end of life care and present structured interventions and goals used within the therapy

process.

All in all, Meadow's book presents a broad range of theoretical perspectives and interventions. The reader will feel identified with the search every therapist faces in finding the correct therapeutic direction to contain the needs of the client. While some authors use a certain theoretical orientation, others choose for an 'eclectic' perspective, fitting different approaches and theories to meet their client's needs. As Stige states "The idea of therapy is recreated in each new encounter" (p. 356). The editor encourages the reader to question their practice using as inspiration the work of all authors.

I certainly felt inspired while reading the book; I learnt about new approaches and techniques and this made me question my own practice. Working as an Argentinean music therapist in the Netherlands, I was pleased to read that many of the authors stress the importance of knowing and understanding the cultural background of their clients and how this needs to be addressed when looking for the right therapeutic frame. All authors acknowledge that research is the basis for their clinical work. What I did miss in some chapters was a clear and specific description of the assessment process. I still find that we music therapists have a long way to go in developing and finding good assessment tools. After reading the book, it became clear that therapists working with children are more developed in this field.

As a reader, I found certain chapters more difficult to read. Every author has their own way of writing; some of them write in a more academic way while others are clearer when describing certain concepts. Some authors write their work as a chronicle of a patient's progress and others support the different stages of the therapeutic process with a bibliography and research studies. I will also add that the book compiles mainly authors from Europe; it would also have been interesting to read about practice developments in Latin America or Asia. For example, professionals like Diego Schapira from Argentina, Lia Rejane Mendes Barcellos from Brazil or Mark Ettenberger from Colombia are developing great approaches and programmes that would definitely be interesting to share within the world music therapy community (e.g. Barcellos 2007; Ettenberger 2016; Schapira 2006).

The editor has definitely succeeded in compiling a wide range of case studies using many different theoretical frames, techniques and cultural backgrounds, including all age groups and various client populations. The book is accessible to students and professionals in search of inspiration

and motivation to challenge their own professional practice.

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Conference report

Third BAMT Conference 'Music, Diversity and Wholeness'

Luke Annesley

Third BAMT Conference
'Music, Diversity and Wholeness'

16-18 February 2018

Barbican Centre/Guildhall School of Music and Drama
London, UK



Since qualifying as a music therapist from the Guildhall School of Music and Drama, **Luke Annesley** has worked for Oxleas Music Therapy Service, with children and young people. He is currently completing a Masters in Clinical Research at City, University of London and begins a new post as Senior Lecturer in Music Therapy at University of the West of England Bristol in October 2018. Luke also presents the BAMT podcast *Music Therapy Conversations*. He has 20 years' experience as a freelance performer and teacher on the saxophone.

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INTRODUCTION

This conference report is approached from two perspectives. There is an overview of the conference as a whole, which focuses on the events which included all attendees; namely, the Friday evening lecture and the two 'dialogues' on Saturday and Sunday. I also give some personal perspectives as an individual attendee, which are necessarily limited to those papers and round tables that I attended myself.

THE SETTING – BARBICAN AND THE GUILDHALL SCHOOL OF MUSIC AND DRAMA

This was the third BAMT conference, and the first to take place in London. It was appropriate, perhaps, for the main venues to be The Barbican Centre and the Guildhall School of Music and

Drama (GSMD), 2018 being the 50th anniversary of Juliette Alvin's music therapy training. The setting allowed for a strikingly multifaceted conference. While many conferences present an array of choices, this was notably and impressively wide-ranging, with so many events happening simultaneously on both Saturday and, even more so, on Sunday, that one could not help but leave with an impression of a partial experience of a difficult-to-grasp whole (see Warner, Tsiris & Watson 2018). This underlines the variety of work going on in the profession, as well as the high level of engagement of practitioners. The closing ceremony, with the unveiling of a cartoon montage depicting a series of moments throughout the weekend, brilliantly and wittily executed by artists in residence Vicky Long and Ada Jusic, was an effective and memorable way to unify these many and varied experiences (see Photograph 1 and 2).



Photograph 1: Cartoon montage depicting a series of moments throughout the conference



Photograph 2: Cartoon montage

FRIDAY EVENTS / THE TONY WIGRAM MEMORIAL LECTURE

The preliminary day was a full one, including a variety of events such as the PhD Symposium at GSMD (see Parsons 2018), the East London Foundation Trust Open House event, and ‘Silk Threads: The Guildhall School's tapestry of music therapy research’ at Milton Court.

The evening lecture by Professor Inge Nygaard Pederson, from the University of Aalborg in Denmark, was partly an affectionate tribute to the much-missed Tony Wigram. It was also a reminder of a kind of psychotherapeutic approach to clinical work in adult psychiatric settings which seems to distil something essential about clinical improvisation. The musical examples we heard were not for the uninitiated. This did not shy away from the kind of darkness that can be expressed in sound by people who have experienced aspects of self which can feel difficult to be exposed to, but which demand an essential aspect of the music therapist's craft. The capacity to meet and contain musical utterances which stray a long way from conventional beauty, but which are self-expressive in a profound sense, is a part of the music therapist's skill-set which might be something like a

USP. While we may be diversifying, looking for new models and ways that music can 'help', cross-fertilising with community music, with education, with other professions and disciplines, who else, frankly, can do *this* stuff? A colleague remarked to me after Inge's lecture, "That was the kind of thing that got me interested in music therapy in the first place".

DIALOGUES

The theme of the conference, 'Diversity and Wholeness', was potentially very wide-ranging. It was the two dialogue sessions which brought these themes into sharper focus, with both presenting a perspective from which it became possible to examine some broad priorities of music therapy.

Tia DeNora with Simon Procter

Tia DeNora explored music as a medium for change over time, "getting into something" and "leading onto something", including concepts such as transcendence and endurance, as well as the social structure and dynamics of the processes of engagement in music-making. She directly addressed the conference themes, challenging the profession, from the perspective of sociology, to address people's need to "find a place". This was very much about music *in context*, in a particular space. How do people negotiate their way through shared musical interactions? It is dangerous to make presumptions about what the client needs. We need to be flexible and adaptive, not be drawn into 'must' ('Who must? Where must? Why must?'). What is the relationship between collaboration and control within the context of musical parameters? The interesting challenge is to explore how our presumptions about the clients' needs might be tested, to remain open to new possibilities. This flowed into her discussion with Simon Procter which touched again on "preconceptions about who knows best", and the importance of paying attention to "what is going on", ending with an entreaty from Tia DeNora for music therapists, with our "powerful set of lenses", to be "much more bullish with other disciplines and with the public, and engage".

Raymond MacDonald with Philippa Derrington, Becky White, Nicky Haire and Alison Barrington

Raymond MacDonald's presentation on Sunday, which began startlingly with his alto saxophone, focused strongly on improvisation, on what it might

be, how it might work, and how it might be framed or understood. Part of this was about opening up the definition. Improvisation is not only John Coltrane exploring modal possibilities in a post-bop jazz context, it might also be applied as a framing concept for children's play. We can think of playing children as "master improvisers", in their own way, an idea which has obvious resonance for music therapists, where the inclusivity of concepts such as *innate musicality* or *affect attunement* seems to have an immediate relevance to some of the ideas Raymond MacDonald was exploring. Following a series of responses from Philippa Derrington and Becky White, who have worked together on their *Concurrent* project, and Alison Barrington (with her "yes, and..." stance in preference to the familiar "yes, but..." of much academic and practice discourse), we were then treated to an improvised duet between Raymond's alto saxophone and Nicky Haire's violin. This was a lovely illustration of what music can do to a room. We were all focused and interested during the talking part. At this point we were spellbound. This might be one of the differences between the spoken word and the musical event.

WORKSHOPS

I did not attend any workshops. I wish I had had the opportunity. I was struck by the incorporation of Bach's 6th Brandenburg Concerto as a vehicle for exploring dyadic relationships, along with workshops on self-care for music therapists, singing for lung health, and many more. This conference could easily have encompassed a week without starting to feel sparse. I wonder whether BAMT might consider rerunning some of these workshops at later dates. Certainly there was much here that could be of enormous benefit to music therapists as practitioners, theorists and researchers.

PAPER PRESENTATIONS / ROUNDTABLE DISCUSSIONS

Presentations that were memorable for me included Martin Lawes' and Becky White's offerings, both exploring different perspectives on improvisatory processes. While Lawes linked the therapist's clinical improvisation to dream states, White was exploring the processes of learning how to improvise in non-clinical contexts, but through a music therapy lens. Later on Saturday, I had the privilege of chairing the session for Amelia Oldfield, Jackie Robarts and Steve Cobbett. While Cobbett

gave us a neurological overview of trauma, Oldfield presented an outline and preview of her exciting and innovative film project, in which she has interviewed parents and ex-clients, whom she worked with as children, 17 years on from the original period of work. Robarts discussed accompaniment techniques in the context of work with an individual client, from a strongly psychodynamic perspective, as well as the positive and varied influence of Daniel Stern on her own practice. If you have not heard Robarts present, do so at the next opportunity, because as well as being a profound and significant thinker and practitioner, she is also hilarious, with a great gift for comic timing.

I chaired a roundtable discussion in the afternoon on approaches to music therapy research, where music therapy's position in relation to evidence-based medicine was explored, along with other approaches to research, by Anna Maratos, Neta Spiro, Catherine Carr, Claire Flower and Stuart Wood. The importance of keeping an open mind about methodology, and to keep thinking creatively about the many shapes and sizes of research, rather than being over-focused on the 'gold standard' of RCTs, was an important take-home message from this discussion.

The East London Foundation Trust team presented a fascinating round table first thing on Sunday morning, which included the voice of a service-user within a variety of perspectives on a multifaceted research project in an adult mental health setting. The complexity of this work was apparent, but so too was the high level of cooperation between various groups. The team at ELFT seem to be pointing the way forward for music therapy research in healthcare.

Another forward-looking presentation was Donald Wetherick's exploration of the musical training of music therapists. This was an update on Wetherick's ongoing PhD research, which seeks to provide an overview of what is expected of music therapists both before and after training and asks important questions about 'music therapy musicianship' which may have implications beyond the training courses themselves. Meanwhile, Nicky Haire is conducting her own PhD research into humour in music therapy, which she presented at the very end of the weekend. I was particularly engaged by this idea, since it has often struck me that therapists can come across as a bit serious at times, perhaps because of the serious nature of the work we do. But, as became apparent from Haire's video excerpts, humour is a serious thing (just watch *Comedians in Cars Getting Coffee*), and a

crucial part of the engagement of both client and therapist.

SPECIAL EVENTS: MUSIC PERFORMANCES IN THE GARDEN, QUESTION TIME DEBATE

Entangled in absorbing conversations, I missed the musical performances in the wonderful Barbican conservatory, an imaginative idea which made creative use of an inspiring space. Finding more room for musical performance feels like a welcome innovation. Could there be scope for exploring this further at future BAMT conferences?

The 'Question Time Debate', later in the evening, was brilliantly chaired by Leslie Bunt and his jacket/tie combination. This event was the closest the conference came to pure showbusiness. A diverse panel explored themes suggested by attendees throughout the course of the day. Gary Ansdell made some controversial statements; Daniel Thomas expressed optimism for the profession. Cathy Warner and Grace Watts provided considered thoughtful viewpoints. However, the show was stolen by Dean Beadle. Dean is autistic, an ex-music therapy client, and a renowned public speaker and campaigner for autism rights (and featured in episodes 8 and 9 of the podcast *Music Therapy Conversations*). On this occasion, he punctured the atmosphere with a series of devastating one-liners, alongside some pertinent observations about what music therapy can achieve, and how crucial it was for him at a critical time in his life. Let's hope we see more of Dean (and of other music therapy clients) on the UK music therapy scene.

BAMT LIFETIME ACHIEVEMENT AWARD

Kay Sobey was presented with the BAMT Lifetime Achievement Award by Tessa Watson, who gave her a fitting and moving testimonial. I doubt there was anyone present who would have disagreed with this choice of recipient. Sobey herself accepted the award with her characteristic modesty and self-deprecating humour. She approaches music therapy with curiosity, intelligence, warmth and empathy, but she has also contributed so much to the profession as an educator and, not least, in her role on the editorial team of the *British Journal of Music Therapy*. It was great to see this formally recognised.

CLOSING THOUGHTS

Cathy Warner, the Chair of the Scientific Committee, brought us a conference which was both 'diverse' and 'whole', in keeping with its title. This was a grand showcase for the UK music therapy profession and beyond, which acknowledged the past while looking to the future. There was optimism, notes of caution, calls for new ways of thinking, and, perhaps most importantly, indications that, whatever our theoretical stance or clinical setting, we have to keep coming back to the music itself.

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- Annesley, L. (2018). Conference report: "Third BAMT Conference 'Music, Diversity and Wholeness'". *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(2), 230-234.

Conference report

The 2018 BAMT Doctoral Research Symposium

Joanna Parsons

The 2018 BAMT Doctoral Research Symposium

16 February 2018

Guildhall School of Music and Drama
London, UK



Joanna Parsons received an Honours BMus in Music Theory and Composition from Memorial University in 2009 and completed the Master of Music Therapy program from Laurier University in 2011. During her career she has worked with adults in long term care, children with special needs and, more recently, socially vulnerable groups and communities. Her practice has taken her to a variety of countries including Canada, Nepal, Uganda and her current location in Devon, England where she works in the mainstream school system. Joanna is the south west coordinator of the British Association of Music Therapy and is a PhD student at Nordoff Robbins Music Therapy/Goldsmiths University.

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As the music therapy profession becomes ever-more collaborative with complimentary disciplines, it is increasingly important that practitioners and researchers from all fields have common platforms through which to communicate and thus inform our evolving practice. MacDonald, Kreutz and Mitchell (2012: 3-4) highlighted that the growing interdisciplinary field of music and health “necessitates novel approaches from right across the academic spectrum, including arts and humanities as well as the social and natural sciences”.

It seems timely, then, that on February 16th, 2018, the British Association of Music Therapy Conference (see Warner, Tsiris & Watson 2018) commenced with a Doctoral research symposium at London’s Guildhall School of Music and Drama. This pre-conference event, open to past, present and prospective PhD students, integrated music

therapy research and interdisciplinary perspectives on the arts in health, while offering space for dialogue between fledgling theorists, current researchers and venerable experts.

DOCTORAL DIALOGUES

Rachel Darnley-Smith, a PhD supervisor, trainer and writer at Roehampton University, and Donald Wetherick, a professor and PhD student at Guildhall School of Music, opened the morning with a session entitled *Speed Data*. Over the course of an hour, participants met in a series of six-minute, one-to-one interactions, with a piano melody from Wetherick signifying the time to wrap up and move on.

The format proved hugely effective at throwing people together whilst avoiding any academic hierarchy. As a practising music therapist at the

beginning of their PhD journey, the chance to hold such in-depth and personal conversations with a series of more experienced researchers proved invaluable. Consequently, the first panel of the day began with a sociable and inclusive atmosphere, rather than the delegates simply being an audience for the elite.

THE MUSIC THERAPY DOCTORAL JOURNEY

Chaired by Wetherick, the first panel of the day, *The Music Therapy PhD Journey*, consisted of members spanning the full spectrum of experience, from early PhD students to experienced researchers and PhD supervisors. The full line up was: Luke Annesley (researcher, music therapist and potential PhD student), Dr Rachel Darnley-Smith (PhD supervisor, trainer and writer from Roehampton University), Alexandra Giorgaki (Music therapist and current PhD student at Anglia Ruskin University), Irene Pujol Torras (Music therapist and current PhD student at Guildhall School) and Dr Stuart Wood (Researcher, writer and PhD supervisor at Guildhall School). After brief introductions, Luke Annesley posed questions to the panel while integrating comments and further questions from the audience.

Answers to the first line of enquiry – ‘What routes do we have in the PhD journey?’ – initially touched upon funding. While some panel members mentioned funding themselves through the process, they also advised people to research different programmes, charities and the NIHR, as funding is available from a variety of sources.

The discussion then moved towards a more subjective dialogue on the importance of autonomy in developing individual PhD approaches and values. In particular, Stuart Wood stressed the extended learning process of a doctorate and suggested one must be aware of who they are as a learner before deciding their route as a researcher. The rest of the panel echoed this sentiment and encouraged everyone to be full participants in decisions that lead towards their PhD. They encouraged asking a number of questions, including: What do you want out of your programme? Do you want to be in an environment of mostly music therapists or amongst an interdisciplinary team? Who will you be speaking to in the end and What do you want in a supervisor?

The discussion closed after considering ‘the data thread’, which links a researcher’s journey, whether at the beginning or final stages of their doctoral studies. In determining where to start,

where to go or what to do when it is all over, we were encouraged to consider the story that our own experiences with data may present to us as a key to navigating the ‘next step’ dilemma.

THE FUTURE OF MUSIC THERAPY RESEARCH

The second panel of the day, *The Future of Music Therapy Research*, was chaired by Rachel Darnley-Smith and featured: Professor Leslie Bunt (writer, trainer and PhD supervisor at University of the West of England), Dr Sarah Hoskyns (trainer, researcher and PhD supervisor at Victoria University, Wellington), Dr Julie Sutton (music therapist, writer and PhD supervisor at Belfast HSC Trust; Sutton sent her contributions as she could not attend) and Dr Giorgos Tsirir (editor, trainer and researcher at Nordoff Robbins Scotland and Queen Margaret University). After introductions, they shared their hopes for the future of music therapy research. There was a clear consensus on the need for sustainable social and cultural research seeking to connect with other disciplines. As music therapists continue to strengthen their legitimacy as health care professionals, it is important to note how many prominent researchers are emphasising that our studies must acknowledge the ever-changing definition of health within society.

Subsequently, the members were asked which areas of research and methods they feel are the best fit for music therapy practice and, additionally, which approaches are applicable and why. Although the breadth of this topic could merit its own conference, it was interesting to hear recurring themes that should be looked at with more scrutiny in the future. These themes included: the link between methodology and research questions; the development of underlying philosophical paradigms; and the search for ‘hard evidence’ within a ‘soft practice’. The last point in particular encouraged the delegates to consider whether our continual struggle to produce objective evidence is warranted in a profession where the basis of our work, music, is a subjective art form. Lastly, the panel called for methods and approaches that produce humanitarian applications and, in particular, ones that serve to benefit the client.

CONCLUSION

As the final session wrapped-up, it was clear that all delegates were incredibly enthusiastic for the continuation of doctoral dialogues. Benefits cited

included the provision of clear pathways to those embarking on the PhD journey, the enhancement of learning for those already engaged in studies and the direction of post-doctoral researchers who have the means to influence a developing field.

It was abundantly clear that by connecting our research community, we can further explore the intersection of a variety of philosophies and practices in order to develop our understanding of music's therapeutic values. With so many of our profession's burning issues pushed front and centre during the symposium, it will be fascinating to see the advances made by delegates between now and what will be a highly anticipated subsequent PhD seminar.

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- Parsons, J. (2018). Conference report: "The 2018 BAMT Doctoral Research Symposium". *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(2), 235-237.



Conference report

The 2016 ISME Commission on Special Music Education and Music Therapy Pre-Conference Seminar

Kamile Geist

The 2016 ISME Commission on Special Music Education
and Music Therapy Pre-Conference Seminar

20-23 July 2016

Edinburgh, UK



Kamile Geist, PhD, MT-BC serves as the Director of Music Therapy and Director of the Individual Interdisciplinary Program at Ohio University. A board-certified music therapist for 20 years, Dr. Geist's scholarship focuses on the effect rhythmic interventions have on improving attention behaviours and reducing stress in young children and their teachers, parents or caregivers. Her research, the *Keep a Beat* programme and the *Infant Caregiver Stress* study, received funding from the Ohio University Baker Research Fund and the Innovation Strategy Fund. She is widely published and presents internationally including in Ecuador, Spain, Colombia, Mexico, and Scotland.

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It was indeed my pleasure to attend and present at the Pre-Conference Seminar of the ISME Commission on Special Music Education and Music Therapy in Edinburgh, Scotland, 20-23 July 2016. As indicated in the conference programme, the aims of the Pre-Conference Seminar were to:

- ❖ Promote Practice and Research in the fields of Special Music Education and Music Therapy through a range of presentations;
- ❖ Exchange information regarding training and education standards in these fields;
- ❖ Foster international dialogue and discussion between practitioners, researchers, funders and policy makers; and
- ❖ Disseminate examples of good practice and research initiatives

A first-time attendee to the pre-conference seminar, I believe that the conference planners met

their aims and more. The presentations were indeed a wide range from different perspectives that allowed for the exchange of information, and the conference provided many opportunities for dialogue between researchers and practitioners. The dissemination of research through oral presentations and research posters was of high quality and gave the participants a sense of a bigger world of disciplinary and cross-disciplinary perspectives.

THE DRAKE

The pre-conference seminar was especially meaningful, due in part to the hosts from The Drake Scotland and the University of Edinburgh College of Art. The organisers were extremely hospitable and worked diligently to make sure the participants were well taken care of. Most impressive were the music presentations and the concert by the Drake.

Coming from the United States, I wish there were more organizations in our country that took the lead on providing art-based performance experiences for people of various abilities. In the case of the Drake performances, each person's music performance equipment is individualised to their abilities and needs, in such a way that the musical outcome is fantastic, high quality and professional. It was a joy to learn of their work and hear their music!

THE PRESENTATIONS

In addition to the music of the conference, the quality of guest lectures from various countries and the structure of this seminar engaged me throughout.

Imagine the Future – Everyone Plays Music, the theme for the conference, set the stage for experienced and budding inventors, educators, clinicians and researchers to have opportunities to share how people with varying abilities from across cultures are impacted by their music education programs, music therapy techniques and music-based research experiences. Over 50 presentations spanning speakers from over 20 different countries allowed participants a glimpse into the global scope of what we all do, and that is to make music a central part of everyone's lives.

The music therapy presentations ranged in topics from research about music therapy in the Neonatal Intensive Care Unit (NICU) to school-based strategies for teachers working with students with special needs, and intergenerational community-based music therapy. Music education topics included various perspectives, from how to teach music to children with special needs, to using improvisatory music and movement for children, and studying wellness for older adults who learn music.

RESEARCH POSTER SESSION

There were six research posters at the conference, including reviews of literature about music and children with special needs, one specifically with music for children with autism, and a model of music special education curriculum (see Belgrave 2016). The poster session allowed time for representatives from each research project to talk about their studies and answer questions from their peers. I found this innovative and engaging, and a nice change in model for presenting research, offering a different perspective compared to the longer presentations.

THE STRUCTURE OF THE SEMINAR

The structure allowed for professionals to find time after each presentation to ask questions. The participants were provided several break times where people could congregate around the wonderful snacks and luncheons to talk about the needs of their respective professions, whether music education, music special education, music research in education, or, in my case, music therapy.

SUPPORTIVE RESEARCH ENVIRONMENT

I would like to conclude this brief report by noting my personal feelings during and after the seminar. The supportive research environment this seminar conveyed – a feeling that I still hold with me today as I prepare to attend the next pre-conference seminar in Austria – is, to my mind, unique. At some research conferences that I have attended, scholars place themselves in a hierarchy, from the most prestigious grant-funded research down to less important, small pilot studies from inexperienced researchers. You see the groups at conferences, and these groups tend to stick together throughout. However, at this conference, the scholarly atmosphere amongst researchers was the complete opposite experience for me. All researchers and presenters were treated with respect no matter where they were in their research journey. This was evident in how even the most well-known researchers stayed to hear other presenters and supported others. I felt as if I gained mentors at this conference, mentors who have continued to support me in my own work since.

I'm looking forward to the Pre-Conference Seminar ISME Commission on Special Music Education and Music Therapy in Salzburg, Austria this summer. I will be presenting on the progress of my own research from a school pilot from two years ago to a pilot randomised control trial teaching infant caregivers how to use rhythm and movement to engage with their infants. After my husband, Dr. Eugene Geist, and I presented our research and heard such positive and supportive feedback from colleagues two years ago at this conference, we gained confidence to move forward and expand our work. I am looking forward to reconnecting with friends and colleagues and hopefully making new acquaintances. Together we can celebrate our work and celebrate the impact music education and music therapy has for children and families.

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Tribute

A tribute to Jean Eisler

14 April 1916 – 8 July 2017

Pauline Etkin

Nordoff Robbins International

Editorial note: An earlier version of this tribute was published on the Nordoff Robbins website (www.nordoff-robbins.org.uk) on 21st July 2017.

Jean Eisler (nee Layton), a loved colleague and respected music therapy pioneer, has died at the age of 101.

Jean was a key figure in the early establishment of Nordoff Robbins and the emergent music therapy profession. She became a music therapist in 1974 when she trained on the very first Nordoff Robbins training programme in London, a six-month course based at Goldie Leigh Hospital in south London. A person of extraordinary youthful vigour, she was coming up for 60 then. At a time when most people might be thinking towards retirement, Jean embarked on a second career that was to see her working into her 90s.

She had already had a colourful life: coming from a very musical family, she was a pupil of Gustav Holst at St Paul's Girls' School, studied in Vienna and at the Royal College of Music and then embarked on a career as a professional violinist. She played with the Jacques Orchestra and the Ebsworth String Quartet during the 1930s and 1940s, and during the war travelled around England entertaining the troops. In 1944 her life changed dramatically when she married Paul, a Czech economist, and lived for the next 25 years in Prague in political exile, scraping a living as a translator and raising her children.

Following her husband's untimely death in 1966, Jean returned to England. In 1972, by chance, she picked up a copy of Paul Nordoff and Clive Robbins' first book in a music shop. She had never heard of music therapy but was captivated and contacted

Sybil Beresford-Pierse who, of a similar age to Jean, had developed great enthusiasm for the work of Nordoff and Robbins. Sybil was attempting to establish a foundation for their work in the UK in order to bring them to the country to talk about their work and to develop this approach in the UK.

At the first meeting of those two indefatigable ladies, Jean was keen to learn what she could do to become a music therapist. Sybil, however, had different priorities, and knowing that she had nobody to take minutes at her fundraising committee meeting the following day, her first question to Jean was not about her musical credentials, but rather, in typical pragmatic style, "*Can you type?*"

So Jean began doing voluntary work supporting the embryonic Nordoff Robbins Fundraising Committee. This led in time to her enrolment on the Nordoff Robbins training programme, organised by Sybil, and taught by Paul Nordoff and Clive Robbins, the first of only two courses taught by Paul Nordoff before his death in 1977. Jean was a member of that first generation of music therapists who acted as a bridge between Paul Nordoff and future music therapists and kept alive his teachings. As she later said, "*It was such a new vision of music, and what you could do with it... I saw what was possible, when I saw Paul and Clive's work.*"

When the training programme migrated to Roehampton in 1978, Jean became head of the music therapy department at Goldie Leigh Hospital. Many newly-qualified music therapists went to work with her to gain apprenticeship experience. Here, and at Queen Mary's Hospital for Children in Surrey where she established a pioneering music therapy department in 1984, Jean led many creative developments in the Nordoff Robbins approach. It

was also in 1984 that Jean established a Saturday clinic at the Nordoff Robbins London Centre (an independent centre in Kentish Town with the one-year postgraduate diploma being validated externally by City University), and she became an outstanding inspiration to generations of music therapists through her role as a therapist, student supervisor and lecturer (see Box 1).

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Box 1: Examples of Eisler's written work and of publications related to her work

Personally, I will always owe a great deal to Jean. Once qualifying, I was offered a post at Nordoff Robbins but decided that I needed to return to South Africa and try and develop work in deprived areas there. I did however undertake a one-year locum with Sybil Beresford-Peirce and worked with Jean during this time. Sybil had sadly accepted an 11-month only permit for me which was non-renewable. Following enormous changes in South Africa and my inability to set anything up in the deprived areas, Sybil persuaded me to return to London and work at the Nordoff Robbins music therapy centre. However, understandably, the Home Office would not grant me a work permit due to the previous 11-month restricted one. Thanks to Jean, who had a contact with Lord Ennals, I was able to be represented in the House of Lords and obtain permission to work in the

UK. Without Jean's intervention this would never have happened. Once I began working as a music therapist and tutor (1984-1990) and later as Director and then CEO of the charity (1991-2013), I had the privilege to work with Jean and get to know various aspects of her personality. I remember clearly how inspirational Jean was and how overwhelmed I was by Jean's musical giftedness, her freedom, openness, passion and commitment to the children with whom she worked. I felt privileged to work with Jean for many years as co-therapist and in particular with Susan, a delightful girl with Rett Syndrome. Jean's determination, creative and musical skill and sensitivity as a music therapist enabled Susan to find expression and communication – I was honoured to be part of this process.

One of my lasting memories will be of Jean well into her 80s being a 'bunny', jumping around the room with John, a young boy she worked with (Photograph 1 and 2). What energy and what commitment to being *with* this child and enabling him to feel that he was 100% heard and accepted – to me, this was a perfect reflection of Jean's simply wonderful personality.



Photograph 1: Jean Eisler and co-therapist Hilary Wainer working with John

Jean remained active in supporting the charity in whatever way she could. She was on the Board of Governors for many years, and always supported me and offered her wise advice as well as constructive criticism. Jean inspired fundraisers and supporters with presentations of her work with children, facilitating the dissemination of the work and encouraging donations for ongoing therapy services. She was much appreciated by the Nordoff Robbins fundraisers and Board of Governors and in 2001 she was awarded the 'Woman of the Year Award' for Outstanding Contribution to Nordoff Robbins and Music Therapy (Photograph 3).

The extraordinary youthfulness that Jean maintained into her 80s and 90s, as well as her warmth, compassion and humour, brought endless

admiration from her colleagues and friends, and she continued to practise music therapy for decades beyond normal retirement age.



Photograph 2: Jean Eisler and John in focused musical communication

In her 100th year, the European Music Therapy Confederation (EMTC) conferred on Jean the prestigious EMTC Award, awarded every three years to a person who has contributed in a unique and outstanding way to the development of European music therapy. Closer to home, Jean was honoured with a Lifetime Achievement Award by Nordoff Robbins in May 2017 at the opening of the newly refurbished London Centre (Photograph 4), marking her contribution to the charity as a therapist and teacher and, after her retirement, through her annual bursary programme (the Jean Eisler Bursary Fund) supporting trainee music therapists, for which she drew donations from influential contributors.

Jean is remembered with affection and gratitude by so many, and her spirit lives on in the work of the countless lives she changed and inspired.

Thank you for so much, Jean: we will miss you.

Suggested citation:

Etkin, P. (2018). A tribute to Jean Eisler (14 April 1916 – 8 July 2017). *Approaches: An Interdisciplinary Journal of Music Therapy*, 10(2), 241-243.



Photograph 3: Pauline Etkin OBE and Jean Eisler at the 'Woman of the Year' ceremony



Photograph 4: Jean Eisler receiving a Lifetime Achievement Award by Nordoff Robbins

Tribute

A tribute to Carolyn Bereznak Kenny

12 June 1946 – 15 October 2017

Susan Summers

Capilano University, Vancouver, Canada



Photograph 1: Carolyn Kenny receiving the distinction of Faculty Emeritus at the Antioch University's Leadership and Change program convocation in August 2014

Our music therapy community has lost another beloved scholar, author, teacher, mentor, collaborator, researcher, speaker and practitioner. After living with cancer for 15 months, Dr Carolyn Kenny passed away peacefully in Santa Barbara, California, with her loving family around her.

Carolyn was born of a Choctaw mother in Mississippi, USA, and a first-generation Ukrainian father and, in keeping with tradition in her indigenous community, she was adopted into the Haida Nation in 1999 by Dorothy Bell, matriarch of the Masset Haida people in British Columbia,

Canada. Her given Haida name was Nang Jaada Sa-êts, which means Haida Woman with a Mind of the Highest Esteem.

For over 45 years Carolyn contributed significantly to our world music therapy community by teaching in higher education in the US, Canada, Norway, Denmark, Brazil and Japan, being invited to speak at regional, national and international conferences and congresses, authoring and editing a vast number of books, book chapters and journal articles, and by offering professional supervision and mentoring of graduate students from many universities around the world. Carolyn was a theorist, a poet, a philosopher, and an intellectual, interdisciplinary scholar and presenter, who worked and taught in music therapy, indigenous, aboriginal and cultural studies, leadership and change programmes, and in research. Carolyn's passion was teaching qualitative research methods such as phenomenology, ethnography, auto-ethnography, arts-based research in social change, and portraiture. She was involved in conducting research throughout her long and successful career.

Carolyn's strength, courage, and ability to envision new training programs resulted in the co-founding of Capilano University's music therapy bachelor's degree programme in Vancouver, Canada, in 1976, British Columbia's Open University's MMT programme in Vancouver (1995-1999), and a special Master of Education degree at Simon Fraser University that combined First Nations Education and Administrative Leadership. Carolyn was a contributor on many scientific committees for World Congresses and association

journals, and she had been editor and reviewer for many journals and published works in music therapy, native education, and indigenous studies. She was the editor of the *Canadian Journal of Music Therapy* from 1999 to 2004 and was co-founder and co-editor-in-chief with Brynjulf Stige of *Voices: A World Forum for Music Therapy* from 2000 to 2013.

Carolyn was a prolific writer and contributor to music therapy's publications. Among her groundbreaking books were: *The Mythic Artery* (1982), *The Field of Play: A Theoretical Study of Music Therapy Process* (1989), *Listening, Playing, Creating: Essays on the Power of Sound* (1995), *Contemporary Voices in Music Therapy: Communication, Culture and Community* (co-edited with Stige in 2002), *Music and Life in the Field of Play: An Anthology* (2006), and *The 1982 Symposium on Music in the Life of Man: The Beginnings of Music Therapy Theory* (co-edited with Michele Forinash in 2015). Carolyn was still writing, teaching, and involved in research up until a few weeks before her death.

Carolyn was my inspiration, my mentor, my colleague, and my friend. She was my committee chair for both my Master's of Music Therapy degree through British Columbia's Open University in 1999 and my PhD through Antioch University in 2014. I remember her counsel for my research was to find my "burning question" (Kenny 2016: 80). Her curiosity about how and why the world was as it was inspired her in her writing and in her research.

Carolyn was gracious, wise, generous, compassionate and humble. She valued beauty, aesthetics, being human and being real. She could be fierce when she was protecting those she loved and felt a responsibility for. She was fearless when she believed in something and often stood up to organisations, power people, and hierarchy throughout her life, daring to tread into unfamiliar territory to create something new. She walked lightly on the earth and lived in sacred beauty, inextricably tied to the land, the creatures of the earth and the music of the spheres. Her deep connection with song and nature is a constant throughout her writing.

"As Haida, we believe that the intricate patterns of song and art weave the relationships between the people, the land, and the creatures on the land into a fabric of resilience and strength. We are intimately bound to ecology and place. Our singing reinforces this sacred relationship." (Kenny 2016: no pagination)

Tributes poured in from all over the world upon her passing; acknowledging the depth and breadth of her professional and personal influence, her mentorship, and her friendship (see Henley 2017; Hesser 2017; Stige, McFerran & Hadley 2017; Summers 2017). Carolyn deeply touched thousands of people throughout her life through her writing, her teaching, and her in-person beauty. We are richer for knowing her and we owe her much gratitude for all she has done for music therapy. Her loss is deeply felt.

"The music therapist is one of the keepers of the gate, one of the technicians of the sacred, one who sees the vision and hears the song of the one and the many, the one who dances on the edge of time, one who can guard the threshold of being, one who waits for sound..." (Kenny 2006: 80)

Honouring Carolyn's clinical legacy, Capilano University has established a scholarship in her memory that is given to a student who demonstrates compassion to others, appreciation of cultural identity, and self-awareness in their clinical setting (<https://www.capilanou.ca/programs-courses/music-therapy/Scholarships,-Bursaries-and-Awards/>).

Carolyn also established the first music therapy position at the Santa Barbara hospice in California in 2008 and fundraised her last weeks of life to maintain this position (<http://www.vnhcsb.org/carolynkenny/>).

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Suggested citation:

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A tribute to Chava Sekeles

17 October 1936 – 24 March 2018

Cochavit Elefant & Efrat Roginsky

University of Haifa, Israel

Dr Chava Sekeles, who unexpectedly passed away on March 2018, was not only a teacher, but also a professional mother and a mentor. Chava, an Israeli music therapy pioneer, studied music and occupational therapy, and, during the '60s in the Netherlands, she combined her two professions and studied music therapy. Chava established the Music Therapy Department at David-Yellin College, Jerusalem, in 1980, where, with her sense of agency and a very thorough management style, she trained many music therapists. Chava was a role model at a time when music therapists were still scarce in Israel. She combined diverse activities – musical work, clinical work and influential international academic work – and was co-founder of the Israeli Creative Arts Therapies Association (ICT).

Chava's interdisciplinary knowledge was harnessed to form her unique approach to music therapy. D.I.M.T.: The Developmental Integrative model of Music Therapy (Sekeles, 1996) may still be considered innovative in many ways. It offers music therapists insight and perspective into their clients' body, behaviours, history and psychology, as well as various social and environmental factors. Musical components and their influences are carefully connected into this dynamic map, affording clients of any age or condition a more fluent, integrative development.

Both writers of this tribute were Chava's music therapy students at different times and in different circumstances: Cochavit, as a high school student in the early '70s, was an informal observer of Chava's music therapy sessions; this early relationship developed into a long-lasting

professional partnership. In 1991, after years of classical guitar performance studies, Efrat went on to study music therapy at David-Yellin College, Jerusalem. The present tribute provides only a snapshot of Chava's life-long work, through some of the meaningful moments we shared with her, and some of the core ideas she pioneered.



Photograph 1: Chava Sekeles: A walk in nature (January 2018)

MUSIC IN THERAPY

Chava believed in music, and in its deep, healing impact on human beings. She also believed in people's natural abilities of self-recovery. Music was engaged in therapy in order to control stress, improve muscle-tone, and to encourage concentration, activity, communication and more. It was aimed at lifting barriers; music was meant to supply the right conditions for development to take place.

Cochavit: I was only 17 years old when I first met Chava. My high school teacher introduced me to her after hearing about my interest in music therapy. Chava had returned from the Netherlands a few years earlier and I had just returned from living in Norway where I happened to watch Nordoff and Robbins on TV during their visit to Oslo. I knew that music therapy was going to be my life endeavour, and Chava was the only person in Israel who was a music therapist. Chava invited me to observe music therapy sessions in her clinic in Jerusalem while working with children with developmental delays (intellectual and motor). I came to her clinic and to the special education school where she was working on a weekly basis. At first, I sat quietly on the floor, watching, listening, and breathing in every motion and nuance occurring in the room. Observing this unfold through a 17-year-old's eyes felt like magic. How did she manage to create such deep understanding through non-verbal means? How was she communicating and creating relationships through music?

"In traditional societies, art forms have a mainly magical significance; unlike in western civilization they are not solely devoted to aesthetics... the integration to be found in such traditional healing rituals could serve us well as a model for music therapy, and a means of exploiting the basics of intercommunication and primal expression." (Sekeles, 1996, p. 3).

Most of the children Chava worked with did not speak or had very little verbal language, but something always happened. These children smiled, laughed, participated by playing, moving and vocalising. There was life, expression and joy in the room. From week to week, I could see how these children used their bodies, struggling to play the drum or piano with a huge smile as if saying: "This is very hard but it is worth every effort". Their attempts were met by Chava's amazing musical and listening skills.

Magic, however, was out of the question for Chava. Instead, she believed in hard work: "The patient's acceptance of music is not automatic," she stressed. "It demands emotional investment and patience on the part of both patient and therapist alike. Indeed, as opposed to traditionally accepted beliefs, D.I.M.T. does not see music as a magic formula for performing miracles" (Sekeles, 1996, p. 27).

LEARNING-IN-ACTION

Efrat: Chava's practical attitude was naturally applied with her students too. Back at the beginning of my music therapy studies in Jerusalem, I was quite broken-hearted due to leaving my classical guitar career behind, yet Chava would not spare time for grief nor for any other personal situation; whoever required psychotherapy was more than encouraged to take it, yet, school-time was used for plunging in. We sang, played, composed and improvised music; we studied medicine, psychology, special education and technology; we experienced, we moved and conversed; we observed and deeply felt our lives changing. Music therapy was defined in action, and Chava's own clinical materials were leading the way: her newest research and writings were presented to us in class. Techniques, progressions, professional stances and ethics were naturally integrated into our new clinical understanding.

A NEW PARADIGM OF MUSIC

Cochavit: I was very young and wanted to know how I could prepare myself to become a music therapist. Chava told me: "Either you study in the music academy or you study occupational therapy". I chose to pursue piano studies at the music academy in Jerusalem, and during the same year I convinced the Head of the Academy to hire Chava to teach a course. I told him she had something different and unique to offer the students. She added some new, interesting and creative ways to use music – very different from any other class I had participated in.

Efrat: I kept wondering to myself "Did I spend 15 years perfecting my guitar skills – high-school of the arts, music academy, music theory, performance classes – only for *that?!!*" Chava offered a new way of thinking on music and musicianship in therapy. She was just as demanding about knowledge and skills as were my music teachers, however, here, music with clients sounded too naive, or crooked and lame. Here, the

acoustic results mattered much less than the becoming of music – the process. I truly did not capture this for a long time.

"Professional players" explained Sekeles, "in both large and small orchestras... display a marvellous capacity for interaction and mutuality of sound in performance as a unified whole... D.I.M.T. perceives music therapy as a stage upon which the main purpose is to achieve a balance between the various personality needs of the patient. It is the therapist's task to assist in such linkage by means of mirroring, holding, elaborating the process of transference, and so forth." (Sekeles, 1996, p. 43).

To formerly trained musicians, time and experience were required for understanding this new perspective on music that Chava was trying to teach.

INTEGRATION

Integration was a key term in Chava's therapy as well as in her teaching.

"The influence of music on the senses, sensations, vocality, motion, emotion, and cognition, enables it to be used in Integrative Therapy when applied to such functions either in whole or in part." (Sekeles, 1996, p. 28).

A good-enough integration affords satisfactory development, but there was more to it: the idea of integration penetrated every aspect of Chava's professional thought – theoretical, practical as well as ethical.

Efrat: We were eight women: music performers and educators in Chava's beginners' music therapy class. We came from quite distinct ages and socio-cultural backgrounds. Our efforts to overcome the differences, to communicate and help each other – this felt like an essential part of our training. Chava's social consciousness played a major part here; the therapist she was trying to educate was not confined only to the therapy room but was to be minded with the overall human condition, personal as well as social and environmental. One of Chava's informal missions was to play her own small part in integrating Israeli society, a diverse and conflictual one. Indeed, she assembled and managed our class as a unique melting pot in which humanistic professionals were being carefully moulded.

The idea of integration was apparent even in Chava's trivial gestures:

Cochavit: I continued observing Chava in the special education school for several years. Before or after each visit, Chava would feed me with lunch or dinner she had made, and then took the time to explain what had happened in the sessions. We listened together to tapes she had recorded of each session and analysed the music, communication and other elements that occurred in the room. I listened intently to her, asked questions, and she answered with patience and passion. It seems these meetings were reciprocal. Even though I had felt at the time that she had given me the world, I later understood that we mutually benefitted from these talks, as she used these platforms as part of developing her D.I.M.T. model. Incorporating knowledge through feeding, sensing, and human dialogue are examples of Chava's stance of deep, integrative education.

SPACE FOR DEVELOPMENT

Cochavit: It was time for me to study music therapy, but there was no training course yet in Israel, so I went to the United States to study. Chava encouraged me to study in a well-established training programme, and so I studied at Michigan State University under Dr Robert Unkefer. I wrote long letters to Chava telling her that there must have been some mistake and that this programme was nothing like what I had learned from her or from what I had seen on TV in Norway. Something of the humanistic philosophy was missing. Chava replied: "Are they teaching anatomy, physiology, psychology of music, developmental psychology, sociology, theory and research? And you are singing in a choir? Do they have a clinic for students to practice work in the community?" I answered 'yes' to all her questions. She thought all these aspects were very important for the development of a music therapist and, in retrospect, I can see how my passion for research developed while I was studying in Michigan.

Efrat: "You're not psychologists, nor are you occupational therapists or teachers! *You are music therapists*", Chava told us time after time. There is an inevitable flaw in such a drastic un-framing of students' future profession. A few of us gave up music therapy. Others dived deeply into psychotherapeutic or psychoanalytic training, as a firmer base for development and recognition, perhaps. I believe that some, such as myself, kept seeking their music therapy identities, looking for ways to define the elaborate occupation we practiced for a living. That is how I journeyed on to

explore music therapy with many diverse populations, perspectives and settings, with different supervisors and therapists - mainly music therapists. It took many years to realise that even for Chava - the knower, the precise, the confident - seeking might have been essential. She may have left us open-ended for the sake of development, as development was truly another locus of hers. Challenging our professional identities, Chava had given her students the right to evolve and self-define freely as music therapists.

Pursuing her interest in development, Chava wrote her PhD dissertation, followed by her first book (Sekeles, 1996), in which each of the studied clients - children with special needs, young adults, and the old - were viewed and clinically met through their different developmental needs and challenges. Chava herself did not cease evolving; in her second book (Sekeles, 2007), she dealt with death and grief - the extreme end of the developmental process - and the trauma caused as abrupt death interferes with the developmental processes of individuals, families and society. Chava was courageous enough to add to this book a chapter on therapist's grief as she encountered the ends of her own clients' lives. She wrote:

"Death may be irreversible but what we carry in our hearts and memories, the experiences we had with the deceased person, whether a family member, a friend, or a patient, accompany us for the rest of our lives and give meaning to our existence" (Sekeles, 2007, p. 138).

Death was captured not as the complete ending, but as part of development as well, through its impacts on the loved ones left behind; on the living, and the rest of their lives.

LIFE AS MUSIC: A HOLISTIC APPROACH

"The psychodynamic process of music, according to D.I.M.T., shows us that from out of the musical chaos which often typifies the start of therapy, there emerges a dual conversation which the patient begins to conduct both with himself and with the therapist, and it is from this that order can develop" (Sekeles, 1996' p. 44).

Efrat: As a classical guitarist, my perspective on music was quite traditional; music was an art to sense, explore, perform, to strive for and to enjoy. Under Chava's guidance, this medium was totally rediscovered: it reflected inner and outer realities, communication and relations. The deeper I was

involved with music therapy, the more my trained musicianship was used as a tool for capturing life and its dynamics and psychodynamics. My interventions were not merely music now, but were rooted in a deep musical thought. The therapy room and therapy environment were captured as full musical scores in which my clients and I took part aesthetically. Truly, Chava did not directly state this, but her thought pointed towards a holistic approach: the Mandala-like illustrations that replaced the ordinary scientific graphs (Sekeles, 1996, p. 34), her fully holistic view of body and soul, as well as every one of Chava's tools for therapy - everything she created reflected that notion. Chava was highly interested in the holy as well as the holistic; she studied the Tora, and was a serious practitioner of qigong. As death approached her own family, Chava set out to confront it with music, therapy and her introspective writing. It was as if music was intertwined with her maturation as a therapist and person.

"It is my contention, based on many years of experience, that the basic elements (such as rhythmic cycles) contain within themselves a basic urge for organization and balance, due to their parallels with the equilibrium achieved by the vital functions of the organism. Likewise, such organization has a reciprocatory effect on those vital functions and vice versa. When there exist blockages or regressions in natural development [...] or the loss of vocal-musical skills [...] it is our task as therapists to locate the problem by a diagnosis of the visible symptoms as well as the invisible causes. We must treat it with the means at our disposal, which are mainly the art of music and its components" (Sekeles, 1996, p. 44).

FAREWELL

Cochavit: I visited Chava every summer during the 17 years I lived in the United States, bringing her the latest music therapy books, and thus expanding the music therapy library in David Yellin College. Upon returning to Israel in 1995, Chava offered me my first opportunity to teach in her music therapy training course. I brought some American-influenced music therapy into the programme, and she continued to encourage me to develop and pursue a PhD in Aalborg University in Denmark. She saw in me someone who could lead her training programme at David Yellin once she retired. I did so for three years, and thereafter decided to return to Norway and work in Sandane and in the University of Bergen, where my journey to become a music therapist had first begun.



**Photograph 2: Celebrating Cochavit's PhD
(December 2002, Jerusalem)**

Efrat: Two years later, in July 1993, I graduated and was in the midst of the turbulence of marriage, a new job, and my first baby boy. I went away to make my own path, which I continue to follow today. Chava was still there in my mind, always. She would silently remind me not to wear perfume or jewellery to work., She attentively watched me write my first therapeutic reports, and her voice would sometimes whisper: "Keep on practising your guitar! You are a music therapist after all". Something in me was willing but not able to stay in touch – I was held back, afraid never to meet her high professional expectations. So, from a distance, I would phone or email to tell Chava about myself or wish happy holidays. Twenty five years have passed, yet what Chava planted in me during those two intensive years of school will remain within me forever. She lives vividly in my heart and mind: her serious love, the very firm professional core – it is all there. And now that Chava is suddenly gone, I mourn her deeply, just as if we had been close to each other during all these passing years.

May Chava's soul fly high and away, to eternity; may her deep love for humankind and for music lead us on our professional way.

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Translated abstracts

Μεταφρασμένες περιλήψεις

Ελληνική μετάφραση: Δήμητρα Παπασταύρου
Αγγλική μετάφραση: Laura Corrigan

Erwin Henry Schneider: Παιδαγωγός, συγγραφέας και ηγέτης

Kyle Wilhelm & Lindsey Wilhelm

ΠΕΡΙΛΗΨΗ

Η Εθνική Ένωση Μουσικοθεραπείας [National Association of Music Therapy, NAMT] ιδρύθηκε από άτομα η συμβολή των οποίων παραμένει σε μεγάλο βαθμό άγνωστη. Ο Δρ. Erwin H. Schneider (17 Φεβρουαρίου 1920 έως 28 Σεπτεμβρίου 1985) ήταν ένα από τα άτομα αυτά. Σκοπός της παρούσας μελέτης ήταν να σκιαγραφήσει την καριέρα του Δρ. Schneider ως μουσικού εκπαιδευτή και μουσικοθεραπευτή, και να διερευνήσει την επίδραση που ο ίδιος άσκησε τόσο στην Ένωση [NAMT] όσο και στο επάγγελμα της μουσικοθεραπείας ως μέλος της επιτροπής της, ως συντάκτης του *Ενημερωτικού Δελτίου της Εθνικής Ένωσης Μουσικοθεραπείας* [Bulletin of the National Association for Music Therapy] και του *Μουσικοθεραπεία: Βιβλίο Πρακτικών της Εθνικής Ένωσης για τη Μουσικοθεραπεία* [Music Therapy: Book of Proceedings of the National Association for Music Therapy] αλλά και ως πρόεδρος της Ένωσης από το 1963-65. Οι βιογραφικές πληροφορίες αντλήθηκαν από πρωτογενείς και δευτερογενείς πηγές καθώς και από συνεντεύξεις με άτομα που γνώριζαν τον Schneider. Οι πληροφορίες αξιολογήθηκαν για την αξιοπιστία και την ακριβειά τους και οργανώθηκαν με βάση τον χρονολογικό και τον θεματικό τους άξονα. Τέλος, εντοπίστηκαν ορισμένες θεματικές ενότητες και σημαντικές επιτεύξεις της ζωής του. Τα ευρήματα δείχνουν την επίδραση που είχε ο Schneider στους τομείς της μουσικοθεραπείας και της μουσικής εκπαίδευσης. Ως πρόεδρος απομάκρυνε την Ένωση από μια πιθανή χρεοκοπία και την οδήγησε προς τη δημιουργία του *Journal of Music Therapy*. Ως παιδαγωγός εκπαίδευσε εκατοντάδες μουσικοθεραπευτές και εκπαιδευτικούς μουσικής, πολλοί από τους οποίους έμελλε να γίνουν και οι ίδιοι παιδαγωγοί. Μελετώντας αυτούς τους παλιούς πρωτοπόρους της Ένωσης, όπως είναι ο Schneider, οι μουσικοθεραπευτές μπορούν να αποκτήσουν μια σαφή εικόνα του τρόπου με τον οποίο τόσο η Ένωση όσο και ο τομέας της μουσικοθεραπείας πήραν τη σημερινή τους μορφή.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

ιστορία, μουσικοθεραπεία, μουσική εκπαίδευση

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Μια περιγραφική ανάλυση της ερευνητικής παραγωγικότητας στο *Journal of Music Therapy* σύμφωνα με τους συγγραφείς και τους επαγγελματικούς τους φορείς: 2000-2015

Michael J. Silverman, Lacey Reimnitz & Jake Uban

ΠΕΡΙΛΗΨΗ

Μέχρι σήμερα, οι συγγραφείς δεν γνωρίζουν κανέναν ερευνητή ο οποίος να έχει μελετήσει την ερευνητική παραγωγικότητα αποκλειστικά σε σχέση με το *Journal of Music Therapy*. Σκοπός της παρούσας μελέτης ήταν να προσδιορίσει την ερευνητική παραγωγικότητα στο *Journal of Music Therapy* μέσα από μια περιγραφική ανάλυση της ταυτότητας των πρώτων συγγραφέων και των αντίστοιχων εργασιακών φορέων με τους οποίους συνεργάζονται, εστιάζοντας στα αναφερόμενα άρθρα του περιοδικού από το 2000 έως το 2015. Αναζητήσαμε σελίδα-προς-σελίδα όλα τα άρθρα που αναφέρονται στο *Journal of Music Therapy* μεταξύ του 2000 και του 2015 και δημιουργήσαμε μια βάση δεδομένων που περιελάμβανε τους πρώτους συγγραφείς και τους εργασιακούς τους φορείς. Από το 2000 έως το 2015, 181 διαφορετικοί πρώτοι συγγραφείς δημοσίευσαν άρθρα στο *Journal of Music Therapy*. Ο συγγραφέας με τις περισσότερες δημοσιεύσεις (ο Silverman) είχε 15 άρθρα, ενώ πέντε συγγραφείς (οι Cevasco, Gregory, Lim, VanWeeldon και Walworth) είχαν δημοσιεύσεις από έξι άρθρα, και τέσσερις (οι Gooding, Hilliard, Register και Waldon) από τέσσερα άρθρα έκαστος. Από το 2000 έως το 2015, στο *Journal of Music Therapy* δημοσίευσαν άρθρα συγγραφείς από 91 διαφορετικά πανεπιστήμια ή κολέγια και από 26 μη πανεπιστημιακά ιδρύματα. Τα περισσότερα άρθρα δημοσιεύτηκαν από συγγραφείς που συνεργάζονται με το Πανεπιστήμιο της Φλόριντα (42 άρθρα), το Πανεπιστήμιο του Κάνσας (24 άρθρα) και το Πανεπιστήμιο της Μινεσότα (13 άρθρα). Οι μαρκοσκελείς λίστες με τους συμβαλλόμενους πρώτους συγγραφείς και τους εκάστοτε εργασιακούς τους φορείς αντανακλούν την επιλεκτικότητα και την ποικιλομορφία του *Journal of Music Therapy*. Ωστόσο υπάρχουν και άλλοι τρόποι – όπως οι παραπομπές και οι συντελεστές απήχησης [impact factors] των περιοδικών – για την καταμέτρηση της ερευνητικής υπεροχής και οι συγγραφείς της παρούσας μελέτης αποθαρρύνουν τις γενικεύσεις, ενώ κάνουν ορισμένες περαιτέρω προτάσεις γύρω από τη μελλοντική έρευνα, τους περιορισμούς και τις επιπτώσεις.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

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Όταν οι μουσικοθεραπευτές υιοθετούν μια εθνογραφική προσέγγιση: Ανακαλύπτοντας τη μουσική των υπερ-ορθόδοξων Εβραίων αγοριών στο Ισραήλ

Nir Seri & Avi Gilboa

ΠΕΡΙΛΗΨΗ

Οι μουσικοθεραπευτικές μας συναντήσεις με αγόρια από μια ξεχωριστή πολιτισμική ομάδα του Ισραήλ, τους υπερ-ορθόδοξους Εβραίους, επεσήμανε την αναγκαιότητα να διερευνήσουμε τη σύσταση του μουσικού τους κόσμου. Δεδομένου ότι καμία προηγούμενη έρευνα δεν έχει χαρτογραφήσει τον μουσικό κόσμο αυτών των παιδιών, ήταν απαραίτητη η διεξαγωγή μιας βασικής έρευνας πεδίου, και η εθνογραφική προσέγγιση κρίθηκε να είναι η καταλληλότερη προσέγγιση. Διεξήχθησαν συνεντεύξεις με τους μουσικούς που κατά κύριο λόγο ευθύνονται για τη διαμόρφωση ενός μεγάλου μέρους του μουσικού κόσμου των υπερ-ορθόδοξων αυτών παιδιών, καθώς και με εκπαιδευτικούς μουσικής, και τα δεδομένα αναλύθηκαν βάσει ενός εθνογραφικού πλαισίου. Τα αποτελέσματα ανέδειξαν την ύπαρξη ενός πλούσιου και ποικιλόμορφου μουσικού ρεπερτορίου που περιέχει υπο-είδη όπως είναι η δημοφιλής υπερ-ορθόδοξη εβραϊκή μουσική, τα παιδικά τραγούδια, τα παιχνιδιδοτραγούδια για παιδιά προσχολικής ηλικίας, τα νανουρίσματα και τα τραγούδια για το πρωινό ξύπνημα, τα τραγούδια του εβραϊκού Σαββάτου [Shabbat table songs], τα τραγούδια μάθησης καθώς και οι παραδοσιακές μελωδίες (παρέχονται και οι σχετικές ηχογραφήσεις). Αναδύθηκαν διάφορα ξεχωριστά περιβάλλοντα στα οποία τα παιδιά συνδέονταν με τη μουσική: το σπίτι, οι εκπαιδευτικοί χώροι, οι γάμοι και οι εορτασμοί, και η συναγωγή. Στο άρθρο αναλύεται η συνεισφορά των ευρημάτων αυτών στους μουσικοθεραπευτές. Τονίζεται ότι οι μουσικοθεραπευτές που έχουν σχετικές γνώσεις μπορούν να αυξήσουν το επίπεδο της εμπιστοσύνης των πελατών τους. Η γνώση αυτή έχει επιπλέον τη δυνατότητα να επιτρέψει σε έναν μουσικοθεραπευτή να εναρμονιστεί καλύτερα στον προσανατολισμό της κοινότητας των υπερ-ορθόδοξων Εβραίων και ως εκ τούτου να επιτύχει αυξημένη ενσυναίσθηση και αποδοχή των πελατών και των ζητημάτων που αντιμετωπίζουν.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

μουσικοθεραπεία, εθνομουσικολογία, εθνογραφική μελέτη, πολιτισμός, πολιτισμικά ευαισθητοποιημένη θεραπεία, υπερ-ορθόδοξοι Εβραίοι

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Music as therapy in Greek antiquity

Irene Nikolaou

ABSTRACT

The present study refers to the position of music as therapy in Greek antiquity, examined through the views of philosophers and writers. Since ancient times (3000 BC) there are testimonies about the role of music as a means of healing through the purification of the soul and the body. The most important information is drawn from the texts of philosophers such as Pythagoras, Plato, Aristotle, and writers who dealt with music in the light of philosophy, such as Aristides Kointilianos, from the work of Porfyrios and Iamblichus, as well as other philosophers and writers. The prominent position of music in antiquity is highlighted as a means of curing mental disorders, as a means of spiritual and physical well-being, as well as of expressing mental states that are both depicted and attributed to music. Such views remain relevant in current days concerning the influence of music on the human psyche.

KEYWORDS

Greek antiquity, music, therapy, philosophy, Pythagoras, Aristotle, Plato, Aristides Kointilianos

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